

# Letter of Complaint Regarding Claim Denial

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Claims Manager's Name],

I am writing to formally express my dissatisfaction with the denial of my claim [Claim Number] submitted on [Date of Claim Submission] under my policy [Policy Number].

I was informed that my claim was denied for [brief reason given for denial]. However, I believe that this decision is unwarranted based on the following reasons:

- [Reason 1]
- [Reason 2]
- [Reason 3]

I kindly request a re-evaluation of my claim. I have attached the relevant documents and correspondence for your review.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]