

# Notification of Dissatisfaction with Insurance Claim Resolution

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Your Email Address]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, ZIP Code]

Dear [Claims Adjuster's Name],

I am writing to formally express my dissatisfaction with the resolution of my recent insurance claim [Claim Number] filed on [Claim Filing Date]. After reviewing the outcome provided by your office, I believe that the decision made does not reflect the circumstances surrounding my claim and the supporting documentation submitted.

I would like to bring to your attention the following concerns:

- [Concern 1]
- [Concern 2]
- [Concern 3]

I kindly request a review of my claim and the decision made. I believe there is sufficient evidence to support a different outcome. I appreciate your urgent attention to this matter and look forward to your prompt response.

Thank you for your attention to this serious issue.

Sincerely,

[Your Name]