

Appeal Letter

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

[Social Service Agency Name]

[Agency Address]

[City, State, Zip Code]

Subject: Appeal of Decision Regarding [Specify Decision]

To Whom It May Concern,

I am writing to formally appeal the decision made by [Agency Name] regarding [specific issue or service, e.g., "the denial of my application for assistance"]. The decision was communicated to me on [insert date of decision], and my case number is [insert case number].

I believe this decision is incorrect because [briefly explain reasons for appeal, citing any supporting evidence]. Attached are documents that support my claim.

I respectfully request a review of my case and a reconsideration of the decision. I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your time.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]