

# Debt Recovery Compensation Appeal

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

To: [Debt Recovery Agency Name]

[Agency Address]

[City, State, Zip Code]

Dear [Debt Recovery Agent's Name or "Sir/Madam"],

I am writing to formally appeal the decision regarding my compensation related to account number [Insert Account Number]. After careful consideration of the circumstances surrounding my case, I believe that a review is warranted.

On [Insert Date of Initial Claim], I filed a claim for compensation due to [briefly explain the reason for the claim, e.g., "unlawful collection practices" or "discrepancies in billing"]. I have provided all necessary documentation to support my claim, including [list any relevant documents, e.g., "payment receipts, correspondence logs, etc."].

Despite the evidence provided, I received notification on [Insert Date of Decision] stating that my claim was denied. I respectfully request a thorough review of my case based on the following points:

- [Point 1: Brief description]
- [Point 2: Brief description]
- [Point 3: Brief description]

I appreciate your attention to this matter and look forward to your prompt response. Should you require any further information or documentation, please do not hesitate to contact me at your earliest convenience.

Thank you for considering my appeal.

Sincerely,

[Your Name]