

# Appeal for Disability Accommodation Denial

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Recipient's Title]

[Organization/Institution Name]

[Organization Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally appeal the denial of my request for disability accommodations dated [Date of Denial]. I believe this denial was made without full consideration of my circumstances.

As outlined in my initial request, I am diagnosed with [Your Disability] and face significant challenges that impact my ability to [describe how your disability affects your duties or participation]. The accommodations I requested are essential to ensure my equal access to [specific program, activity, or environment].

In reviewing the denial letter, I noted that [reference specific points made in the denial]. I would like to provide additional information that may help clarify my situation and support my appeal.

[Include any relevant documents, medical evidence, or supporting statements that reinforce your case. Be specific about how these documents support your request for accommodation.]

I appreciate your attention to this matter and hope to discuss my appeal further. I am committed to working collaboratively to find a solution that ensures my access to [specific program, activity, or environment].

Thank you for considering my appeal. I look forward to your prompt response.

Sincerely,

[Your Name]