

Appeal for Community Health Service Evaluation

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Title]

[Organization Name]

[Organization Address]

Dear [Recipient's Name],

I am writing to formally appeal the evaluation results of the community health service provided by [Service Provider's Name] for the period of [specific time frame]. We believe that the assessment does not accurately reflect the quality of services received by our community.

Our community has been facing [specific issues or challenges], and we feel that the evaluation did not take into consideration the following factors:

- [Factor 1]
- [Factor 2]
- [Factor 3]

We appreciate the efforts undertaken by the evaluation team, but we request a reassessment that includes a comprehensive review of the above-mentioned factors and additional stakeholder feedback.

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

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Your Contact Information]