

Formal Complaint Regarding Denial of Benefits

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient Name]

[Company/Organization Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to formally express my complaint regarding the denial of my benefits claim submitted on [date of submission], reference number [reference number]. I believe my claim was unjustly denied based on the following grounds:

[Clearly outline reasons for your belief that the denial was incorrect, supplying any relevant details and supporting information.]

According to the [specific laws, regulations, or company policies], I believe I am entitled to these benefits. I would appreciate a thorough review of my case, considering the information I have provided.

Please find attached copies of all relevant documents related to my claim for your reference. I expect a response within [number of days, e.g., 14 days] as per the guidelines outlined in [specific policy or regulation].

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

Sincerely,

[Your Name]