

[Your Name]
[Your Address]
[Your Phone Number]
[Your Email Address]

[Date]

[Name of Financial Institution/Credit Bureau]
[Department Name, if applicable]
[Address]

Re: Appeal of Denied Claim for Case Number: [Case Number]

To Whom It May Concern,

I am writing to formally appeal the decision regarding my recent dispute claim, which was denied on [Date of Denial Letter]. I disagree with your findings and request a formal reinvestigation of this matter.

The dispute pertains to the following transaction(s):

- Transaction Date: [Date]
- Transaction Amount: \$[Amount]
- Merchant Name: [Merchant Name]

The reason provided for the denial was [State the reason they gave you]. However, I believe this decision is incorrect because [Explain why you are appealing, e.g., you have new evidence, the merchant failed to provide service, or the charge was unauthorized].

I have attached the following documents to support my appeal:

- [List Document 1, e.g., Receipts]
- [List Document 2, e.g., Correspondence with merchant]
- [List Document 3, e.g., Police report or photos]

Please review this additional information and update my account accordingly. I look forward to receiving your response within [Number of days, e.g., 30] days as required by law.

Sincerely,

[Your Signature]

[Your Printed Name]