

Appeal Request Form

I hereby request an administrative appeal regarding an adverse decision issued by the

_____ Agency, dated _____.

I attached the following documents:

- (1) a copy of the adverse decision, and
- (2) a statement why I disagree with the agency determination.

The date received the agency determination was _____.

Print Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____

Email Address (optional): _____

Signature: _____ Date: _____

Send your appeal request to a National Appeals Division Regional Office within your state of residency. The drop down menu below list the State and acronym for each servicing regional office. Match each acronym to the corresponding mailing address on page 2.

State of Residence

REMINDER: You waive your right to appeal an adverse decision if a request to appeal in not filed within 30 calendar days of the date you received the adverse decision.

Western Regional Office (WRO)
755 Parfet Street Suite 494
Lakewood, Colorado 80215-5506

Phone: 1-800-541-0483
(303) 236-2862
TTY: 1-800-497-0253
Fax: (303) 236-2820

Southern Regional Office (SRO)
Post Office Box 1508
Cordova, Tennessee 38088

Phone: 1-800-552-5377
(901) 544-0359
TTY: 1-800-627-8332
Fax: (901) 544-0363

Eastern Regional Office (ERO)
Post Office Box 68806
Indianapolis, Indiana 46268-0806

Phone: 1-800-541-0457
(317) 875-9648
TTY: 1-800-791-3222
Fax: (317) 875-9674