[Your Name]
[Your Address]
[City, State, Zip Code]
[Your Phone Number]
[Your Email]

[Date]

[Recipient Name or Department]
[Organization Name]
[Address]
[City, State, Zip Code]

RE: Request for Review of Initial Assessment - [Reference Number/Case ID]

Dear [Recipient Name],

I am writing to formally request a review of the results of my initial assessment conducted on [Date of Assessment].

After reviewing the findings, I believe that certain aspects of the assessment do not accurately reflect my current situation or capabilities. Specifically, I would like you to reconsider the following points:

- [Point 1: Describe the specific area of disagreement]
- [Point 2: Describe the specific area of disagreement]

I have enclosed [mention any supporting documents, e.g., medical reports, certificates, or evidence] to support this request. I believe these documents provide a more comprehensive view of my circumstances.

I would appreciate the opportunity to discuss this review with you or to provide further clarification if needed. Please let me know the next steps in the review process and the expected timeframe for a response.

Thank you for your time and consideration.

Sincerely,

[Your Signature]

[Your Printed Name]