

USDA National Appeals Division

Appeal Request Form

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

_____ Agency, dated _____

I have attached the following documents:

(1) a copy of the adverse decision, and

☐

(2) a statement why I disagree with the agency determination.

☐

The date I received the agency determination was _____

Print Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone (primary): _____ alternate: _____

Email Address: _____

Signature: _____ Date: _____

To participate in an appeal, do you need a language interpreter or disability accommodation, such as an accessible hearing site, large print version of documents, sign language interpreter, telephone service for the hearing impaired, access by service animals, or other accommodations? If so, please explain.

If an email provided, I agree to receive all communications electronically: Yes ☐ No ☐

How did you hear about the National Appeals Division?

☐ From the USDA agency's adverse decision letter

☐ Farm show or other NAD outreach event

☐ Internet Search

☐ Social Media

☐ Word of Mouth

☐ Other (please explain):

Send your appeal request to the National Appeals Division Regional Office servicing your state of residency.

State of Residence: _____

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

Eastern Regional Office (ERO)

Post Office Box 1508
Cordova, Tennessee 38088
Phone: (901) 544-0360

TTY: 1-800-522-5377
Fax: (855) 438-8034

**Western Regional Office
(WRO)**

13922 Denver West
Parkway Suite 100-NAD
Lakewood, CO 80401-3102
Phone: (303) 236-2862

TTY: 1-800-541-0483
Fax: (855) 438-8035