**Board of Industrial Insurance Appeals**

**Appeal to Decision on Accommodation Request**

**2430 Chandler Court SW**

**PO Box 42401**

**Olympia, WA 98504-2401**

**FAX: 360-586-5611 or 855-586-5611 (outside Olympia)**

**Email: accommodationtriage@biia.wa.gov**

|  |  |
| --- | --- |
| **1. Today's Date:** |  |
| **2. Case Name:** |  | **Docket No.:** |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **3. Requestor's Information** | | | | | | | | | |
| Prefix: | Mr. Ms.  Mrs.  Mx. | | | Pronouns (optional): | | |  | | |
| Name: |  | | | | | | | | |
| Address: |  | | | | | | | | |
| City: |  | | State: | | |  | | Zip: |  |
| Phone: |  | Email: | | |  | | | | |
| I am: | Worker/Claimant  Employer  Attorney  Witness  Other | | | | | | | | |

|  |
| --- |
| **4. Explain why you believe the decision on your accommodation request is incorrect.** |
| Click here to enter explanation. |

|  |
| --- |
| **5. What would you like us to do?** |
| Click here to enter request. |

|  |
| --- |
| **6. How should we contact you?** |
| Phone  U.S. Mail  Email  Other (specify) |

|  |  |
| --- | --- |
| Print Name: |  |

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_