

**State of Washington**  
**Board of Industrial Insurance Appeals**

**Appeal to Decision on Accommodation Request**

Name of customer who requested accommodation: \_\_\_\_\_

Person filing appeal (if different than above): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number \_\_\_\_\_ E-Mail \_\_\_\_\_

Please explain why you believe the BIIA's decision on your accommodation request is incorrect:

What would you like us to do?

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Customer who requested accommodation)

Return to: Executive Secretary  
Board of Industrial Insurance Appeals  
PO Box 42401  
2430 Chandler Court SW  
Olympia, WA 98504