

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