

Board of Industrial Insurance Appeals

Request for Accommodation

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. What is your disability?

5. Do you have a specific diagnosis?

6. Do you have a primary physician for the condition? If yes, enter physician's name, specialty, and contact information. Attach any medical records you want us to consider regarding your request.

7. How does your disability impact your ability to participate in the appeal process at the BIIA?

8. What ideas do you have for how we can accommodate your disability?

9. What else would you like to tell us to help us understand your request?

10. How should we contact you?

☐ Phone ☐ U.S. Mail ☐ Email ☐ Other (specify) _____

Print Name: _____

Signature: _____