

Use this form if you intend to hand-deliver, mail, or fax your appeal. Don't send this form as an attachment to an email.

## WISHA DISCRIMINATION NOTICE OF APPEAL

If you disagree with a decision of the Department of Labor & Industries concerning a Corrective Notice of Redetermination (CNR), you can use this form to file an appeal of that decision. You must file the appeal with the Board of Industrial Insurance Appeals **WITHIN 15 WORKING DAYS** of the date you receive L&I's decision.

**Board of Industrial Insurance Appeals  
2430 Chandler Court SW  
PO Box 42401  
Olympia, WA 98504-2401  
FAX: 360-586-5611**

**\* indicates required field**

1. Today's date: \_\_\_\_\_
2. \*Corrective Notice of Redetermination No.: \_\_\_\_\_
3. Date of Corrective Notice of Redetermination: \_\_\_\_\_
4. Appeal Filed By:
- Attorney
  - Lay Representative
  - Employee
  - Employer
5. Appeal Filed on Behalf of:
- Employer
  - Employer

<b>6. Employee Information</b>		
*First Name: _____	Middle Name: _____	*Last Name: _____
*Address: _____		
City: _____	State: _____	Zip: _____
Home Phone: _____	Work Phone: _____	
Email Address: _____		
Interpreter Needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Language?

<b>7. Employer Information</b>		
*Employer: _____		
*Business Mailing Address: _____		
City: _____	State: _____	Zip: _____
UBI # _____	Business Phone: _____	Alternate Phone: _____

**8. I disagree with L&I's decision because:**

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**9. I ask that the Board give the following relief:**

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**10. Preparer Information (if different from above)**

Preparer Name: _____
Attorney Name _____ Bar No. _____
Firm Name _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Contact Email Address: _____

**11. Location**

I desire to have any proceedings held in: (Specify County) \_\_\_\_\_

**CERTIFICATION**

I certify under penalty of perjury under the laws of the State of Washington, that the above information is true and correct to the best of my knowledge.

Date: \_\_\_\_\_ at (City) \_\_\_\_\_ (State) \_\_\_\_\_

Print Name: \_\_\_\_\_

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