

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:
- Employee
 Employer

6. Employee Information

*First Name: _____ Middle Name: _____ *Last Name: _____

*Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email Address: _____

Interpreter Needed? Yes No Language? _____

7. Employer Information

*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: _____