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Board of Industrial Insurance Appeals  
PO Box 42401 Olympia, WA 98504-2401

## Crime Victim NOTICE OF APPEAL

If you disagree with a decision of the Department of Labor and Industries concerning a crime victim's claim, this form can be used to file an appeal of that decision. You must file the appeal with the Board of Industrial Insurance Appeals, **WITHIN 90 DAYS of the date you received** the Department's decision. The appeal can be filed with the Board by mail at the above address.

\* indicates required field

Today's date: \_\_\_\_\_

Crime Victim Claim No: \* \_\_\_\_\_

Appeal filed by: \* \_\_\_Claimant \_\_\_Beneficiary \_\_\_Guardian \_\_\_Estate of

Claimant's Name: \*First \_\_\_\_\_ Middle Initial \_\_\_ last: \* \_\_\_\_\_

Address: \* \_\_\_\_\_

City: \* \_\_\_\_\_ State: \* \_\_\_\_\_ Zip: \* \_\_\_\_\_

Work/Home Telephone: \* \_\_\_\_\_ Contact E-mail: \_\_\_\_\_

I wish to appeal the decision of the Dept of Labor & Industries dated: \_\_\_\_\_ [copy attached]

The situation arose on (Date) \_\_\_\_\_, at (Location) \_\_\_\_\_

What are you asking for? \_\_\_\_\_

\_\_\_\_\_

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

(Signature) \* \_\_\_\_\_

Name: (Please Print) \* \_\_\_\_\_

It is important that we be able to reach you concerning your appeal. If you do not have a phone, please provide the number of a friend/relative where the Board can leave a message. Also, please notify the us if you change your address.