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| http://inside.lni.wa.gov/Director/resources/GraphicIdentity/BlackPrint.png  Mail or Fax to:  Vocational Dispute Resolution Office  PO Box 44880  Olympia WA 98504  Fax: (360)902-9100 | **Vocational Dispute Form** |

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| Workers Name: | Claim Number: |

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| **Claim Information** | | | |
| DisputingParty | | | |
| Worker | Worker’s Representative | Employer | Employer’s Representative |
| Name: | | | |
| Law Firm Name (if applicable): | | | |
| Employer’s Representative (if applicable): | | | |
| Vocational Outcome: | | | |

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| **Dispute Issues** |
| Skills/Aptitudes: |
| Medical (physical/mental): |
| Labor Market: |
| Other: |

|  |  |  |
| --- | --- | --- |
| Signature | Printed Name | Date |