



- The employer or the employer's representative uses this form to request a decision by the Adjudicating Committee on the employer's protest that **the employer and appropriate BWC business unit has not resolved**.
- We will consider only billings being protested for collection holds. You must make current premium payments to maintain coverage during your protest.
- Mail completed form to: BWC, Legal Division, Adjudication Committee, P.O. Box 15398, Columbus, OH 43215-0398, or send a fax to 614-719-5941. Please call 614-466-6600 with questions.

Policy number(s)	Tracking number
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Employer information			Employer representative information		
Name			Name		
Telephone number (   )	Fax number (   )		Telephone number (   )	Fax number (   )	
E-mail address			E-mail address		
Street address			Street address		
City	State	ZIP code	City	State	ZIP code

Reason for disagreement with BWC decision on your complaint

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☐ Attachments/documentation \_\_\_\_\_

I certify the information provided above is true to the best of my knowledge and belief.	
Signature and title	Date

