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| http://inside.cbs.state.or.us/docs/branding/logos/wcd/en/JPEG/WCD-logo-black.jpg | **Possible Rule Issue Form****Complete this form, save, and submit by:** **Email:** **wcd.policy@dcbs.oregon.gov****, Fax 503-947-7514, or** **Mail to Attn: Policy Team, Workers’ Compensation Division, P.O. Box 14480, Salem, OR 97309-0405****A policy analyst will contact you.** |

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| **Date of request:** Click here to enter text. | **Name and contact information:** Click here to enter text. |
| **If this issue is related to an existing rule within Oregon Administrative Rule, chapter 436, which rule is it?** Click here to enter text. |
| **Brief summary of issue:** Click here to enter text. |
| **What data illustrates the issue? (Example: How often does it occur?)**Click here to enter text. |
| **What stakeholders are impacted by this issue and how are they impacted?**Click here to enter text. |
| **What is a potential solution and how does it solve or improve the issue?**Click here to enter text. |
| **To your knowledge, has this issue been raised or discussed before?**Click here to enter text. |