

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.

Date of request:

Name and contact information:

If this issue is related to an existing rule within Oregon Administrative Rule, chapter 436, which rule is it?

Brief summary of issue:

What data illustrates the issue? (Example: How often does it occur?)

What stakeholders are impacted by this issue and how are they impacted?

What is a potential solution and how does it solve or improve the issue?

To your knowledge, has this issue been raised or discussed before?