

# Possible Rule Issue Form

Complete this form, save, and submit by:

Email: [wcd.policy@dcbs.oregon.gov](mailto: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:**

**Brief summary of issue:**

**If this issue is related to an existing rule, which rule is it?**

**What outcome would you like to see?**

## For WCD use only

**Assigned to:**

[Click here to enter text.](#)

**Issue #:**

[Click here to enter text.](#)

**Short title:** [Click here to enter text.](#)

**Notes:** [Click here to enter text.](#)

**Final decision:**

☐ **Rules**

☐ **Education**

☐ **Transfer to:** [Click here to enter text.](#)

☐ **Closed with no action**

**Date action decision data entered:** [Click here to enter text.](#)

**Notes:** [Click here to enter text.](#)