

8. Claimant is dissatisfied with the care provided and has communicated that dissatisfaction to the employer. Claimant's reason(s) for dissatisfaction:
9. Claimant seeks the following relief under Iowa Code section 85.27:
10. Employer does not dispute liability for this claim.
11. A hearing is requested: By Phone. Call the claimant for the hearing at: _____
 In person in Des Moines, Iowa.
12. The provisions of Rule 876 IAC 4.48 are invoked.

- or -

Signature of Attorney for Claimant

Name (PIN): _____

Email: _____

Phone: _____

Fax: _____

Address: _____

Signature of Self-Represented Claimant

Name: _____

Email: _____

Phone: _____

Fax: _____

Address: _____

PROOF OF SERVICE

I, _____, hereby swear or affirm under Iowa law and the penalty of perjury that on _____ I served a copy of the foregoing instrument by:

Certified mail, return receipt requested, to the employer's address provided in Paragraph 1 of the Petition.

Other: _____.

Signature

Date