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Use this form to request mediation, a hearing, or both, because you are dissatisfied with the service you received from Vocational Rehabilitation.

- **Mediation** is when a trained professional who doesn't work for VR helps you and VR come to an agreement.
- **A hearing** is a formal review of your situation by someone in VR who isn't involved with your situation.

More information about this process is on the [VR website](#). Scan this QR code to go to the VR website and click "VR Complaints and Problems."



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## Get help completing this form

- Your Vocational Rehabilitation counselor can help.
- Contact the Dispute Resolution Coordinator

**Email:** [VR.Resolution@odhsoha.oregon.gov](mailto:VR.Resolution@odhsoha.oregon.gov)

**Phone:** 503-945-6253

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## Contact the Client Assistance Program (CAP)

The Oregon Client Assistance Program gives free legal help to people who have problems with VR. It is a program of Disability Rights Oregon, which is separate from VR.

**Address:** 511 SW 10th Avenue, Suite 200, Portland, OR, 97205

**Phone:** 503-243-2081

**Website:** [droregon.org/request-help](http://droregon.org/request-help)

**Toll-free:** 800-452-1694

**Email:** [welcome@droregon.org](mailto:welcome@droregon.org)

**TTY:** Dial 711

## How to submit this form

You may send us the completed form by mail, email or fax.

### Mail:

Oregon Vocational Rehabilitation Dispute Resolution Coordinator

500 Summer Street NE E-87

Salem, Oregon 97301-1120

**Email:** [VRResolution@odhsoha.oregon.gov](mailto:VRResolution@odhsoha.oregon.gov)

**Fax:** 503-947-5025

**NOTE:** If you got a Notice of Proposed Action, please attach a copy to this form. You may attach other pages to share more information.

## Deadline

There is a deadline to submit this form.

**30 days** — If your case is being closed because VR can't find or contact you, you must ask for mediation within 30 days of the date VR issued your Notice of Proposed Action.

**60 days** — For all other situations you must ask for mediation within 60 days of the date VR issued your Notice of Proposed Action.

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## Your rights

You have rights in this process. See the **Notice of Dispute Resolution Rights** and **Notice of Privacy Rights** on the VR Complaints and Problems web page.

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## Your contact information

Please provide your contact information to submit this form.

**Applicant or participant name:**

**Case ID number or birth date:**

**Street address: (or type “no address”)**

**City:**

**State:**

**Zip code (or type “no zip code”):**

**Telephone number: (or type “no phone”)**

**Today’s date:**

**Email address (or type “no email”):**

**Best way to contact you?**

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## Your representative’s contact information (optional)

This section only needs to be completed if someone is helping you with this process.

**Representative:**

**Best way to contact:**

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## Mediation request

You have the right to ask for mediation in this matter. Would you like to request mediation?

Yes     No

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## Hearing request

You have a right to request a hearing to resolve this matter. Would you like to request a hearing?

Yes     No

## Information about the decision

What decision or decisions did Vocational Rehabilitation make that you don't agree with? Check any that apply to your situation.

- Eligibility for vocational rehabilitation
- Ineligible for future services
- Denied services
- Individual Plan for Employment
- Delivery or quality of services
- Cost of services allowed by Oregon VR
- Termination of services
- Case closure
- Other (please describe)

**Who made the decision?**

**When was the decision made?**

**Tell us why you disagree with this decision:**

**How would you like VR to resolve, or fix, this problem?**

## Accommodations Request

I need the following accommodations for a hearing or mediation (check any that

you need):

- Reader
  - Language interpreter (list language)
  - American Sign Language interpreter
  - Other (describe accommodations you need)
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## Notice

**When you sign this request for hearing or mediation, you agree to let Oregon VR give information about you to the person leading the formal hearing or mediation.**

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## Signature

When you sign this request for hearing or mediation, you agree to let Oregon VR give information about you to the person leading the formal hearing or mediation.

Applicant or participant:

Guardian (if any):

Witness (if signed by X):


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**For Oregon VR Use Only**

**Date received:**