**Vocational Rehabilitation Mediation and Hearing Request**

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](https://www.oregon.gov/dhs/EMPLOYMENT/VR/Pages/index.aspx). Scan this QR code to go to the VR website and click “VR Complaints and Problems.”



# Get help completing this form

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

**Email:** VR.Resolution@odhsoha.oregon.gov

**Phone:** 503-945-6253

# 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](https://www.droregon.org/request-help)

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

**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.

# ****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.**

# 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?**

# ****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:**

# Mediation request

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

[ ]  Yes [ ]  No

# 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)

# 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.**

# 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): |       |

**For Oregon VR Use Only Date received:**