

## APPEAL REQUEST

To: David Mitchell, Administrator  
Iowa Vocational Rehabilitation Services  
510 E. 12<sup>th</sup> Street  
Des Moines, Iowa 50319

**I am appealing or requesting mediation of a decision made in my case. I understand I must file this appeal with Iowa Vocational Rehabilitation Services within 90 days of receiving the decision I am appealing.**

**Check one:**

I wish to have a supervisor review the decision.

I wish to have the Administrator review the decision.

I wish to request mediation of the decision.

I wish to request an impartial hearing of this appeal.

**\*\*\* Please print entire document. You must complete page 2. \*\*\***

Why are you appealing?

What do you want to happen after your appeal?

\_\_\_\_\_  
Job Candidate Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian (if applicable)

\_\_\_\_\_  
Date

Address:

Please include your telephone area code.

Phone:

Phone:

**REMEMBER, YOU ONLY HAVE 90 DAYS TO FILE THE APPEAL FROM THE DATE OF THE DECISION YOU ARE APPEALING.**

If you need assistance completing this Appeal Request form, please contact your IVRS office or the Iowa Client Assistance Program (CAP) at Iowa Department of Human Rights, Lucas State Office Building, Des Moines, Iowa, 50319. Call (toll free) 1-800-652-4298 (Voice/TTY), or in the Des Moines area, (515) 281-3656 (Voice/TTY).