

DIVISION OF LABOR AND MANAGEMENT

123 W. Missouri Ave. Pierre, South Dakota 57501

Tel: 605.773.3681 Fax: 605.773.4211 dlr.sd.gov

**WORKERS' COMPENSATION
MEDIATION REQUEST**

Today's Date:

BY COMPLETING THIS FORM AND SENDING IT TO THE DEPARTMENT, YOU ARE REQUESTING A MEDIATION. YOU WILL BE CONTACTED BY PHONE TO SCHEDULE THE MEDIATION WITHIN TWO TO THREE WEEKS.

Name:

Address:

Social Security No:

Date of Injury:

Daytime Phone No:

(where you can be reached to schedule the mediation)

Please list all of the issues you would like to discuss during the mediation. In addition, attach any documents you have to support your position, including any medical records.

Please send this form to:

South Dakota Department of Labor and Regulation
Division of Labor and Management
123 W. Missouri Ave.
Pierre, SD 57501