

REQUEST FOR MEDIATION AND/OR FAIR HEARING

DR 107 (Rev. 01/22)

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PRIVACY STATEMENT - The information requested on this form, including name and contact information, is necessary for identification. Failure to provide the information requested may result in delays in services.

Consumer Name		DOR Counselor Name	
Telephone Number	Check if TTY <input type="checkbox"/>	E-mail Address	
Mailing Address	City	State	Zip Code

For information about Mediation and Fair Hearings you may contact the Mediation and Fair Hearing Office at appealsinfo@dor.ca.gov, (916) 558-5860 (voice), or (916) 558-5862 (TTY). You may also visit <http://www.dor.ca.gov/RAB/index.html>.

If you need assistance filling out this form or resolving a problem with DOR, please contact the Client Assistance Program administered by Disability Rights California at 1-800-776-5746 (voice) or 1-800-719-5798 (TTY). You may also visit www.disabilityrightscalifornia.org/about/cap.html.

I am dissatisfied with a decision or action by the DOR and request **one or both** of the following:

- Mediation** - I request that an impartial mediator assist me and the DOR in resolving our different viewpoints regarding a DOR decision made or action. **Mediation will be held within 25 calendar days from receipt of your request, unless you agree to a later date.**
- Fair Hearing** - I request a hearing before an impartial hearing officer who will review a decision made or action taken by the DOR. **The hearing will be held within 60 days from receipt of your request and the decision will be issued within 30 days of the hearing.**

Describe the DOR decision made or action taken that you disagree with, including the date of the decision or action, why you disagree, and how you would like the problem solved.

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Consumer Name

Consumer's Authorized Representative Name: Client Assistance Program
 Yes No

Email Address

Mailing Address City State Zip Code

To participate in mediation and/or fair hearing, I will need the following accommodations (such as interpreters, assistive listening systems, or alternate formats):

What is your preferred language?

What is your preferred mode of communication?

Please list all dates you are not available to attend a mediation or hearing over the next 3 months.

By signing this form, I consent to the release of information on this form and the information necessary to carry out the mediation and/or fair hearing to the mediator, impartial hearing officer, and their staff, and my representative, if any.

Consumer Signature Date Signed

To File Your Request:

Mail or Personal Delivery:
Department of Rehabilitation
Mediation and Fair Hearing Office
721 Capitol Mall
Sacramento, CA 95814

OR

Email to:
appeals.info@dor.ca.gov