**Self-Insured Complaints**

**Purpose**

The complaint process allows injured workers to notify BWC of specific concerns in the management of their claim. BWC’s goal is to investigate the issue and resolve it promptly and fairly. BWC will maintain a record of all findings which will be included in evaluating the employer’s fitness to maintain its self-insuring privilege. Ohio Administrative Code Rule 4123-19-09 governs the complaint process pertaining to self-insuring employers.

**Filing the complaint**

* An injured worker or representative may file a complaint as a party to the claim. The statement should clearly outline the complaint issue(s) and provide supporting documentation. The injured worker or representative may submit a complaint using the SI-28 form (available on ohiobwc.com under forms) or as a clear written statement without using the SI-28.
* The injured worker or representative may submit a complaint using any of the following methods.

**Mail:** Bureau of Workers’ Compensation or **Email:** SIINQ@bwc.state.oh.us

 Attn: Self-Insured Department

 30 W. Spring St **Fax:** 614-621-1081

 Columbus, OH 43215-2256

* Other individuals such as medical providers, not considered parties to the claim, may also submit complaints and should do so through the Department of Government and Media Affairs/Constituent Affairs.

**Processing the complaint**

* Upon receipt of a complaint, the BWC’s self-insured department sends a notification letter to the employer’s designated administrator, assigned representatives, claimant and claimant’s representative. It requests that the employer provide a written response to the allegation within 14 days of receipt.
* The employer may, with good cause, request an extension for providing a response by contacting the assigned BWC representative.

**Resolving the complaint**

* BWC’s self-insured department investigates the complaint allegations as using information it receives andmakes a determination of the validity of the complaint. BWC sends notification to all parties to the claim.

**Appeals and reconsiderations**

* Within 14 days of receipt of the BWC decision, all parties to a complaint may file a written request for **reconsideration** of the findings. Any parties to the claim should send this request to the self-insured auditing supervisor at the address noted above.
* The reconsideration must include evidence of **new or changed information** not considered in the initial decision.
* BWC conducts a second-level administrative review to address the complaint reconsideration in light of the additional information.
* BWC notifies all parties to the complaint of the outcome of this reconsideration investigation and evaluation.
* **Unresolved** complaints are presented to the Self-insuring Employers Evaluation Board for determination.

 Revised: 09/10/2012