



Public Education Employee Injury Compensation Board

Notice of Dispute

Person filing the notice: Employee ☐ Employer ☐ TPA ☐ Date: _____

Name: _____ Date of Disputed Decision: _____

Address: _____

Phone Number: _____ Email: _____

School/School System name: _____

Address: _____

Phone Number: _____ Email: _____

Request is for: Review Board ☐ or Hearing Officer ☐

Describe in detail the issue or issues to be considered including the determination being challenged and the relief sought. (Use additional pages if necessary)

[illegible]

Please submit this form within 60 days of the disputed decision by email to both email addresses info@peeicb.alabama.gov and peeicb@mrm-llc.com or by mail to the following locations.

**Public Education Employee Injury Compensation Board
Attn: Executive Director
105 Tallapoosa Street, Ste. 307
Montgomery, AL 36104**

**Millennium Risk Managers
c/o PEEICB
P.O. Box 382408
Birmingham, AL 35238**