



STATE OF MAINE  
Office of Employee Health, Wellness, & Workers' Compensation  
61 State House Station  
Augusta, ME 04333-0061

## Fire Fighters & Law Enforcement Subsidy Program Appeal Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Municipality: \_\_\_\_\_ Day Time Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Please provide a detailed explanation of your complaint and the events that prevented you from notifying the FF-LEO Program Administrator within 60 days of the problem/situation. (Attach a separate sheet for additional information if necessary):

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return to:

Employee Health, Wellness, &  
Workers' Compensation  
FF-LEO Program Administrator -  
Appeals 61 State House Station  
Augusta, ME 04333-0061