



STATE OF MAINE
Office of Employee Health & Wellness
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):

Signature: _____ Date: _____

Please return to:

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