



# REQUEST FOR DECISION REVIEW

Form **VR-705** (Rev. 02/2026)

If you do not agree with a decision or action made by **Iowa Vocational Rehabilitation Services (IVRS)** you may ask for a timely review of the decision by completing and submitting this form to IVRS. Your request must be made within 90 days of the action or decision. **IVRS will not suspend, reduce, or terminate vocational rehabilitation services being provided to you as an applicant or recipient of services until your complaint is resolved.**

> **For IVRS Use** <  
 Date stamp form receipt here:

For assistance completing this form, contact the [Client Assistance Program](#) at Iowa Department of Human Rights, Lucas State Office Building, Des Moines, Iowa 50319. Call 515-537-5965, or email CAP@hhs.iowa.gov.

## 1. CONTACT INFORMATION (required)

<b>Last Name:</b>	<b>First Name:</b>	<b>Middle Initial/Name:</b>
<b>Street Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Phone:</b>	<b>Email Address:</b>	

## 2. WHAT DECISION DO YOU REQUEST BE REVIEWED AND WHY? (required)

## 3. I WANT TO RESOLVE THIS ISSUE BY (check the option you would like to begin with):

(If more than one area is checked, IVRS will begin with the first option selected below.)

- Informal Review**
  - I agree to extend the 60-day timeframe for the Fair Hearing to resolve the issue informally.
  - I understand a bureau chief or division administrator will review the decision and my appeal and attempt to identify a resolution.
  - I understand that I continue to have the right to Mediation and a Fair Hearing if I am not satisfied with the results of this informal review.
  
- Mediation**
  - I agree to extend the 60-day timeframe for the Fair Hearing to resolve the issue informally.
  - I understand that an impartial mediator will meet with me, any representatives I choose to have present, and IVRS representatives to attempt to negotiate an agreement.
  - I understand that I continue to have the right to a Fair Hearing if I am not satisfied with the results of this Mediation.
  
- Fair Hearing**
  - I do not want to start with either option listed above and *only* want a Fair Hearing with a Hearing Officer.
  - I understand that selecting this option implies consent for the release of case file information to the Hearing Officer.

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**4. REASONABLE ACCOMMODATION**

Check this box if you require a reasonable accommodation to participate in Mediation or an Impartial Hearing.  
Please identify the type of accommodation you require.

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**5. REPRESENTATION**

Though not required, you have the right to be represented by a relative, advocate, attorney, CAP, or other spokesperson. If you have representation, provide the following information.

Name of Representative:		Relationship to you:
Street Address:		
City:	State:	Zip:
Phone:	Email Address:	

*IVRS is not required to pay for any costs related to your representation.*

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**6. SIGNATURE AND DATE (required)**

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**7. RETURN FORM TO:**

Brandy McOmber  
Iowa Vocational Rehabilitation Services  
1000 E. Grand Ave.  
Des Moines, Iowa 50319  
Email: [brandy.mcomber@iwd.iowa.gov](mailto:brandy.mcomber@iwd.iowa.gov)