

NAME:  
STREET:  
CITY, STATE, ZIP CODE:  
TELEPHONE #:

**STATE OF CALIFORNIA  
WORKERS' COMPENSATION APPEALS BOARD**

vs.	Applicant,  Defendants.
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WCAB #:

PETITION FOR DISCRIMINATION  
BENEFITS PURSUANT TO LABOR CODE  
SECTION 132a

\_\_\_\_\_  
your signature

\_\_\_\_\_  
date mailed