



The **ALARIS** Group, Inc.®

Case Management  
Vocational Rehabilitation  
Vocational Expert Services  
Ergonomic Consultation  
Risk Management Consultation  
In-House/Dedicated Nurse Programs  
Job Placement/Job Development

**Personality, voice and experience working with you**

[www.alarisgroup.com](http://www.alarisgroup.com)

## Dispute Resolution Form

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

From:

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

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

Telephone Number: \_\_\_\_\_

RE: Claimant Name: \_\_\_\_\_

Date of Injury: \_\_\_\_\_

Claim Number: \_\_\_\_\_

Employer: \_\_\_\_\_

Description and Summary of Dispute:

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Please attach any supporting documentation that should be considered.

Please submit to: Marijo Storment, The ALARIS Group, Inc. PO Box 207, Garretson, SD  
57030. 605-594-8160.

It is the goal of the case management plan to resolve this issue within 30 days of receipt of this form. At that time, should resolution not be achieved, or there continues to be dissatisfaction of the results, an appeal may be made to the South Dakota Department of Labor.