

Illinois Workers' Compensation Commission

Arbitrator Evaluation

Please save this form to your device and complete it.

The form can be completed by selecting the appropriate yes or no box for each question. Please email the completed form to Bob.Devereaux@illinois.gov

Forms can also be dropped off at the front desk of the Commission or mailed to

IWCC Survey
100 W. Randolph
Ste. 8-200
Chicago, IL 60601

Arbitrators are to be rated only on the basis of your personal knowledge. It is possible that you will not be able to rate all of the arbitrators or answer all of the questions for each arbitrator on the evaluation form.

If you have specific knowledge as to the qualifications of an arbitrator to give a fair, informed opinion as to those qualifications, please respond to the questions for that arbitrator by answering "Y" (Yes) or "N" (No) to the questions asked. If you have no opinion on a particular question, the question should not be answered and will be tabulated as a "No Opinion" response that will not affect the arbitrators rating.

If you do not have specific knowledge as to the qualifications of an arbitrator please skip that arbitrator and move on to the next arbitrator.

Thank you for your time.

