



Benefit Charge Protest (Application to Review Benefit Charges)

An employer may protest a benefit charge within 30 days of the mailing of the Statement of Benefit Charges.

This form is semi-interactive. Complete the form online, print and submit as directed below.

Please state the reason for the protest in brief terms (for example: fired, quit, disqualified, still employed here, never employed here, timely protest submitted).

Questions about benefit charges? Check out our [Frequently Asked Questions – Benefit Charges](#).

Unemployment Employer Account Number (EAN): _____

Employer Name: _____

Employer Contact: _____

Employer Contact Telephone Number: _____

Benefit Charge Statement Year: _____ **Quarter:** _____

Today's Date: _____

Claimant's Name	Last 4 Numbers of Claimant's SSN	Protest Reason
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Choose ONE of the following ways to submit this form:

FAX to 225-346-6075 **OR**

POSTAL MAIL: Louisiana Workforce Commission

Attn.: Employer Charges

P.O. Box 94186

Baton Rouge, LA 70804-9186

IMPORTANT: Allow adequate time for delivery of postal mail.