United States Department of Agriculture WC Telephone Log Marketing and Regulatory Programs Claimant: Claim Number: Date: **OWCP Contact:** CE Name: ☐ Claim Examiner ☐ Customer Service WC Representative: Notes: Date: ☐ Claim Examiner **OWCP Contact:** CE Name: ☐ Customer Service WC Representative: Notes: Date: **OWCP Contact:** CE Name: ☐ Claim Examiner ☐ Customer Service WC Representative: Notes: Date: **OWCP Contact:** Claim Examiner CE Name: ☐ Customer Service WC Representative: Notes:

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