



**Workplace Safety and Insurance
Appeals Tribunal**

505 University Avenue 7th Floor
Toronto, ON M5G 2P2
Tel: (416)314-8800
Fax: (416)326-5164
TTY: (416)314-1787
Toll-free within Ontario:
1-888-618-8846

Web Site: www.wsiat.on.ca

Notice of Appeal for Workers

Fill in this form to appeal **final decisions** of the Workplace Safety & Insurance Board (WSIB). Mail or fax a copy of the decision and the completed form to the Tribunal. You may use the pre-formatted fax cover page found on the last page of this document.

Completing Your Notice of Appeal

Please fill in pages 1 and 2 of this form and attach a copy of the decision you want to appeal. If your copy of the decision is double sided, please be careful to send a complete copy. Incomplete forms will be returned to you.



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Notice of Appeal for Workers

WSIAT No. _____

First Name: _____ **Last Name:** _____

I want to appeal the Appeals Resolution Officer decision of: _____ (dd/mm/yyyy)

Decision Claim Number: _____ **Date of Accident:** _____ (dd/mm/yyyy)

1. Contact information

Address (Street Number and Street) _____ Suite/Unit Number _____

City/Town _____ Province _____ Postal Code _____

Home Telephone Number _____ Work Telephone Number _____

Fax Number _____

I am the worker: Yes No, the injured worker's name is: _____

Please write to me in: English French

2. Representation

I will represent myself.

Or I am trying to get a representative to help me with my appeal.

Or I have a representative and this is their contact information:

LSUC Category: Lawyer Paralegal Exempt

First Name _____ Last Name _____ (Choose one)

Company, Association or Organization Name _____

Address (Street Number and Street) _____ Suite/Unit Number _____

City/Town _____ Province _____ Postal Code _____

Work Telephone Number _____ Fax Number _____

3. Issues I Want to Appeal

Please refer to your Appeals Resolution Officer (ARO) decision and choose either A or B.

A I am appealing all of the issues decided against me in the decision.

Or

B I am appealing only the issues of:

4. The Reasons for This Appeal

I believe the decision is incorrect or should be changed because:

law and policy were not properly considered.

the evidence was not properly considered.

I needed more room to explain, so I attached another page to this form.

5. If I win this appeal, I want the Tribunal to:

I needed more room to explain, so I attached another page to this form.

6. Signature

The above information is correct and sets out all the issues that I want to appeal.

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____| (dd/mm/yyyy)

Date

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
Signature of Worker or Representative

7. Release of Board File To Employers

The **worker** must choose and sign either **Block C** or **Block D**.

Block C

The WSIB provides its records to the Tribunal. I agree that the Tribunal may release records that are relevant to my appeal, and any new information that I send to the Tribunal, to employers identified by the Tribunal as interested parties. I do not need to review my claim files(s) before agreeing to send it to the employer(s).

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
Signature of **Worker**

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
Date (dd/mm/yyyy)

Block D

The WSIB provides its records to the Tribunal. I do not agree that the Tribunal may release records that are relevant to my appeal, and any new information that I send to the Tribunal, to employers identified by the Tribunal as interested parties. I understand that I may review my files(s) before agreeing to send it to the employer(s).

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
Signature of **Worker**

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
Date (dd/mm/yyyy)

NOTICE: Information on this form is collected for the purpose of proceedings with respect to the Workplace Safety and Insurance Act, 1997, S.O. 1997, c. 16, Schedule A. In some cases, it may be necessary for the Tribunal to collect additional information related to the matter. All information is collected pursuant to the Workplace Safety and Insurance Act, 1997, sections 102, 123, 124, 129, 132 and 134. Questions about the collection of information should be directed to the Privacy Coordinator, Workplace Safety and Insurance Appeals Tribunal, 505 University Avenue, Toronto, Ontario M5G 2P2 (416) 314-8800.

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Fax Cover Page

**To: Workplace Safety and Insurance
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Web Site: www.wsiat.on.ca

To: (416) 326-5164

From: _____

Pages: _____ (including this cover page)

Date: _____

CC: _____



STOP!

Before you mail or fax this form, please check:

- Have you completed ***both*** pages?
- Has the ***worker*** signed the release on page 2?
- Have you attached a ***copy of the decision*** you wish to appeal?