



**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 2 and 3 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 file(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 file(s) before agreeing to send it to the employer(s).

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

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

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Fax Cover Page

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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?