



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 and 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: _____ **Date (dd/mm/yyyy)** _____

Decision Claim Number: _____ **Accident Date:** _____

1. CONTACT INFORMATION

Address (Street Number and Name) _____ 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 am trying to represent myself.

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

Or I have a representative and this is the representative's contact information:

LSO Category (choose one): Lawyer Paralegal Exempt

First Name _____ Last Name _____

Company, Association or Organization Name _____

Address (Street Number and Name) _____ 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.

- Or
- A)** I am appealing all of the issues decided against me in the decision.
- B)** I am appealing only the issues of

Issues:

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:

Desired Outcome:

- 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.

Date (dd/mm/yyyy)

Signature of Worker or Representative

7. RELEASE OF BOARD FILE TO EMPLOYERS

The **worker** must **(1) check** the box next to **Block C** or **Block D** and **(2) complete** the **signature** section.

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).

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).

Date (dd/mm/yyyy)

Signature of **Worker**

Notice: Information on this form is collected to be utilized in proceedings before the Workplace Safety and Insurance Appeals Tribunal (WSIAT). All information is collected pursuant to the *Workplace Safety and Insurance Act, 1997*, S.O. 1997, c. 16, as amended and will be included in the WSIAT file and provided to the WSIB when the file is returned to the WSIB. This information will only be utilized for workplace safety and insurance purposes. Questions about the collection of information should be directed to the Records Management Coordinator at the WSIAT by calling 416-314-8800 or 1-888-618-8846 (toll-free), or 416-314-1787 (TTY).



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Notice of Appeal for Workers: Fax Cover Page

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 3?
- Have you attached a **copy of the decision** you wish to appeal?