



# Notice of Appeal for Workers

WSIAT No.

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**First Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**I want to appeal the Appeals Resolution Officer decision of:** \_\_\_\_\_

**Date (dd/mm/yyyy)** \_\_\_\_\_

**Decision Claim Number:**

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**Date of accident:** \_\_\_\_\_

## 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 \_\_\_\_\_

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### 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:

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### 4. THE REASONS FOR THIS APPEAL

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

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☐ law and policy were not properly considered.

☐ the evidence was not properly considered.

☐ I needed more room to explain, so I have uploaded additional pages to accompany this form.

### 5. IF I WIN THIS APPEAL I WANT THE TRIBUNAL TO:

Desired Outcome:

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☐ I needed more room to explain our reasons, so I have uploaded additional pages to accompany this form.

### 6. SIGNATURE

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

\_\_\_\_\_  
Signature (Please type your first and last name)

Date (dd/mm/yyyy): \_\_\_\_\_

☐ By checking this box, I understand and agree that my typewritten name and date represent my legal signature

### 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).

\_\_\_\_\_  
Signature (Please type your first and last name)

Date (dd/mm/yyyy): \_\_\_\_\_

☐ By checking this box, I understand and agree that my typewritten name and date represent my legal signature

**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).