



**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](http://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 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)

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## Fax Cover Page

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**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?