



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 Employers

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 Employers

WSIAT No.

Company Name: _____

We wish to appeal the decision of: _____ dd / mm / yyyy

Firm Number: _____

1. CONTACT INFORMATION

First Name _____

Last Name _____

Address (Street Number and Street) _____

Suite/Unit Number _____

City/Town _____

Province _____

Postal Code _____

Work Telephone Number (+ ext) _____

Fax Number _____

Please write to me in: English French

2. REPRESENTATION

First Name _____

Last Name _____

LSO Category: Lawyer Paralegal Exempt

(Choose one)

Company, Association or Organization Name _____

Address (Street Number and Street) _____

Suite/Unit Number _____

City/Town _____

Province _____

Postal Code _____

Or We will represent ourselves.

Work Telephone Number _____

Fax Number _____

3. WORKER'S INFORMATION (IF APPLICABLE TO APPEAL)

First Name _____

Last Name _____

Address (Street Number and Street) _____

Suite/Unit Number _____

City/Town _____

Province _____

Postal Code _____

Home Telephone Number _____

Work Telephone Number _____

dd / mm / yyyy

Claim Number: _____

Date of Accident: _____

4. ISSUES I WANT TO APPEAL

Please refer to the WSIB decision you are appealing and choose either A or B.

- Or
- A)** We are appealing all of the issues in the decision.
- B)** We are appealing only the issues of:

5. THE REASONS FOR THIS APPEAL

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

- the evidence was not properly considered.
- law and policy were not properly considered.
- We needed more room to explain our reasons, so we attached another page to this form.

6. IF I WIN THIS APPEAL I WANT THE TRIBUNAL TO:

- We needed more room to explain our reasons, so we attached another page to this form.

7. EMPLOYER'S UNDERTAKING OF CONFIDENTIALITY AND SIGNATURE

I (and any representative I appoint) agree:

1. To use the information we receive during the course of this appeal for workplace safety and insurance purposes only and in a manner consistent with Section 59 of the Workplace Safety and Insurance Act.
2. To not disclose any documents in the worker's claim file or related claim files or any information forwarded to us by the Tribunal or by the worker in connection with an appeal to a non-party, except in a form calculated to prevent the information from being identified with a particular worker or case.

The above information is correct and sets out all the issues that we intend to raise in this appeal. I understand that copies of this completed form and the attached decision(s) will be sent to persons who appear to the Tribunal to be interested parties.

dd / mm / yyyy

Signature of Employer

Date:

(please print name)

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 Ave., Toronto, Ontario M5G 2P2 (416) 314-8800.



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Notice of Appeal for Employers: Fax Cover Page

To: W.S.I.A.T. (416-326-5164)

From: _____

Phone: _____

Fax: _____

Date: _____

Total No. of Pages (including this page): _____

CC: _____



STOP!

Before you mail or fax this form, please check the following:

- Have you completed **both pages**?
- Have you attached **a copy of the decision** you wish to appeal?
- Has the **employer** signed the Undertaking of Confidentiality (page 2)?