



**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

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 e-filed another page along with this form.

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

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

#### 7. EMPLOYER'S UNDERTAKING OF CONFIDENTIALITY AND SIGNATURE

I (and any representative I appoint) agree:

- 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.
- 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 decision(s) will be sent to persons who appear to the Tribunal to be interested parties.

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).