



I would like the Tribunal to communicate with me in:  English  French

## 1. RESPONDENT INFORMATION

Name of Respondent: \_\_\_\_\_ WSIAT/WCAT Decision No: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## 2. PARTICIPATION

I oppose the reconsideration request.  Yes  No  
 I intend to participate.  Yes  No

If "No", no further correspondence will be sent until a decision has been issued.

## 3. REPRESENTATION

I am going to represent myself:  Yes  No  
 If no, I appoint: Representative's Name: \_\_\_\_\_  
 Representative's Address: \_\_\_\_\_  
 Representative's Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## 4A. WORKER'S CONSENT TO RELEASE INFORMATION

I agree to release this form and all information that is needed to determine this request for reconsideration to the Tribunal, my representative, to any other party who may be affected by this request, and to that party's representative:  Yes  No

If no, the Tribunal will contact you before releasing any information. As you know from your hearing, the other party generally has the right to get relevant information.

## 4B. EMPLOYER'S UNDERTAKING OF CONFIDENTIALITY

I agree that I and any representative I appoint will not disclose any documents in the worker's claim file or related claim files or any information forwarded to me by the Tribunal or by the worker in connection with a reconsideration/clarification to a non-party, except in a form calculated to prevent the information from being identified with a particular worker or case. I agree to use all information for workplace safety and insurance purposes only.

## 5. REASONS FOR OPPOSING THE RECONSIDERATION REQUEST\*

*\*Important — Read the [Practice Direction: Reconsiderations](#) before completing Part 5.*

Please explain why you think the decision should not be reconsidered. You may attach extra pages.

The Tribunal may also look at the material from any previous related Tribunal proceedings. Please attach anything else that you want the Tribunal to consider.

All information provided on this form is a full, true statement of the facts related to this response and I have not left out any information which I think would be important to this response.

I have kept a copy of this Reconsideration/Clarification Response and attachments for myself.

Respondent's Signature: \_\_\_\_\_ dd / mm / yyyy  
 If employer, indicate job title : \_\_\_\_\_ Date

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.