



# Request for Reconsideration/ Clarification

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

## 1. APPLICANT INFORMATION

Applicant's Name: \_\_\_\_\_ WSIAT/WCAT  
 Decision No: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## 2. REPRESENTATION

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

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

I agree to release this form and all information that is needed to determine this request for reconsideration/clarification 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 you checked 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.

## 3.B 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.

## 4. REASONS FOR RECONSIDERATION/CLARIFICATION\*

**\* Important – Read the Practice Direction: [Reconsiderations](#) before completing Part 4.**

If you have already sent a letter to the Tribunal, does the letter give all your reasons for wanting a reconsideration/clarification?  Yes  No

If no, please state why you think the decision contains an important mistake. The Practice Direction gives examples of important mistakes. You may attach extra pages. You should also attach any new evidence you want the Tribunal to consider.

The Tribunal may also look at the material from any previous related Tribunal proceedings.

Is your reconsideration request complete?  Yes  No

If no, the Tribunal will not handle this request until you tell us that the materials are complete.

All information provided on this form is a full, true statement of the facts related to this request and I have not left out any information which I think would be important to this request. I have kept a copy of this Request for Reconsideration/Clarification and attachments for myself.

Requester's Signature: \_\_\_\_\_ Date dd / mm / yyyy

If employer, indicate job title: \_\_\_\_\_

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.