



I request that the Tribunal reconsider/clarify WSIAT/WCAT Decision No.

1. APPLICANT INFORMATION

Applicant's Name: _____

Address: _____

Phone: _____ Fax: _____

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

2. REPRESENTATION

I am going to represent myself: Yes No

OR I am trying to get a representative to help me with this request: Yes No

OR I have a representative and this is their information:

Representative's Name: _____

LSO Category (Choose One): Lawyer Paralegal Exempt

Name of Company, Association, or Organization: _____

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/uploaded 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 upload extra pages. You should also e-file 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 associated documents for myself.

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*

If employer, indicate job title: _____

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).