



## Notice of Appeal Form for Employers

(Ce document est aussi disponible en français)

### Instructions

1. Fill out and sign this form if you want to appeal a final decision from the Workplace Safety and Insurance Board (WSIB).
2. Review our Practice Directions #1 – How to Start an Appeal at the WSIAT and #5 – Hearing Formats.
3. Send us this form and a copy of the WSIB decision you want to appeal. You must send them to us within **6 months** of the date of the decision or your appeal will be late.

Call us if you have questions about this form. Our Call Centre is open Monday to Friday 8:30 a.m. to 5:00 p.m.

Call Centre	416-314-8800
Toll-free in Ontario	1-888-618-8846
TTY	416-314-1787

### 1. Appeal Information

WSIB Claim File #(s) or Firm File #(s)	
Date of Final WSIB Decision	(dd/mm/yyyy)
Accident Date(s) (if applicable)	(dd/mm/yyyy)
Worker's Name (if applicable)	
Worker's Date of Birth	(dd/mm/yyyy)

### 2. Employer Contact Information

Company or Organization Name	
WSIB Firm #	WSIB Account #
First Name	
Last Name	
Pronouns (optional)	
Street Address	
City	
Postal Code	
Phone #	
Fax #	
Email Address	

**2. Employer Contact Information (continued)**

Please write to me in	<input type="checkbox"/> English <input type="checkbox"/> French
Please check one.	<input type="checkbox"/> I want the case materials sent to me electronically by E-Share. I have included a WSIAT E-Share Service Consent Form.  <input type="checkbox"/> I need paper copies of the case materials sent to me.

**3. Representative Information**

Please check one.	<input type="checkbox"/> We'll represent ourselves in this appeal.  <input type="checkbox"/> We're trying to get a representative to help us with this appeal.  <input type="checkbox"/> We have a representative and they're authorized to represent us.
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**If you have a representative, fill out the information below.**

First Name	
Last Name	
Pronouns (optional)	
Company, Association or Organization Name	
Street Address	
City	
Postal Code	
Phone # and Extension #	
Fax #	
Email Address	
Law Society of Ontario (LSO) designation	<input type="checkbox"/> Lawyer <input type="checkbox"/> Paralegal <input type="checkbox"/> Exempt
LSO # (if applicable)	
If exempt, please identify which exemption applies.	
Please check one.	<p>My representative is already signed up for E-Share. Please send them the case materials electronically.</p> <p>My representative wants the case materials sent electronically by E-Share. A WSIAT E-Share Consent Form is included.</p>

#### 4. Issues on Appeal

Please check one.

- We're appealing all issues in the final WSIB decision.
- We're appealing only the following issues in the final WSIB decision – please list the issues.

#### 5. Reasons for this Appeal

We believe the final WSIB decision is incorrect or should be changed because – please check all that apply.

- the law and policy were not properly considered.
  - the evidence was not properly considered.
  - of other reasons – please explain.
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- We've attached additional information on separate page(s).

#### 6. Remedy (what you want from the WSIAT)

If we win this appeal, we want the WSIAT to – please explain.

## 6. Remedy (continued)

We've attached additional information on separate page(s).

## 7. Outstanding Issues at the Workplace Safety and Insurance Board (WSIB)

Please check one.

- Yes, we're still pursuing other issues at the WSIB involving this worker – see below.
- No, we are **not** pursuing other issues at the WSIB involving this worker.

If yes, please list the issues. If the outstanding issues involve another WSIB claim number, please include the claim number.

## 8. Other Proceedings

We're pursuing issues related to this claim in another proceeding. This could be

- at the Human Rights Tribunal of Ontario.
- a labour arbitration.
- in another jurisdiction – at another workers' compensation board or tribunal.

Please check one.

- Yes
- No

If yes, please explain.

## 9. Processing this Appeal

Please complete each section A – C

### A Alternative Dispute Resolution (ADR)/Mediation

The WSIAT offers ADR (single party) and Mediation (2 parties) which explore ways to resolve appeals without a full oral hearing.

We want to try to resolve this appeal through ADR/Mediation.

- Yes  
 No

### B Hearing Format

The WSIAT will determine the hearing format but will consider your preference.

Please check one.

- We do **not** think that oral evidence is needed to decide our appeal. We'd like our appeal to be decided by document evidence and written submissions.
- We think that oral evidence is needed to decide this appeal. We'd like an oral hearing.

For an oral hearing – please choose one format.

- videoconference  
 teleconference (by telephone)  
 in person

### C Language

If the WSIAT decides that an oral hearing is appropriate, we want our appeal to be heard in – please check one.

- English  
 French

We need an interpreter for the hearing.  Yes  No

If yes, in this language \_\_\_\_\_ and in this dialect \_\_\_\_\_

## 10. Accommodation

The WSIAT is committed to providing an inclusive and accessible environment for everyone. To make a request for accessibility or accommodation, please check Yes. If you check yes, we'll contact you.

- Yes, I have a request.
- No, I don't have a request now. I'll notify the WSIAT if my needs change.

For more information, please review the WSIAT's policy titled "Accessibility Policy for Customer Service". This is available on the WSIAT's website at [www.wsiat.on.ca](http://www.wsiat.on.ca). It's also available in accessible formats, upon request.

## 11. Employer's Undertaking of Confidentiality and Certification

I, the employer contact, (and any representative I appoint) agree to the following.

1. We'll use the information we receive during this appeal for workplace safety and insurance purposes only. It will be used in line with the *Workplace Safety and Insurance Act, 1997*.
2. We will **not** disclose any documents or information to any non-party including those
  - in the worker's claim file
  - in related claim files
  - forwarded to us by the WSIAT or by the worker in connection with an appeal

If we share the information with a non-party (for example, a doctor), we agree to remove any details that identify the worker.

The above information is correct. It sets out all the issues we want to appeal. We've included a copy of the final WSIB decision we wish to appeal. We understand that there are time limits to appeal set out in the *Workplace Safety and Insurance Act, 1997*.

Signature of Employer Contact  
(If filing electronically, type your first and last names.)

Date  
(dd/mm/yyyy)

- When you file electronically, typing your name and dating this form represents your signature. Check the box to confirm you understand and agree to this.

## 12. How to send us this form

Fill out, sign, and send us a copy of this form and the final WSIB decision by E-file or mail.

E-File [www.wsiat.on.ca](http://www.wsiat.on.ca) under the E-File tab

Mail Workplace Safety and Insurance Appeals Tribunal  
505 University Avenue, 5th floor  
Toronto ON M5G 2P2

## Collection, Use and Disclosure of Personal Information

Information on this form is collected for the proceedings of the Workplace Safety and Insurance Appeals Tribunal (WSIAT). All information is collected in line with the *Workplace Safety and Insurance Act, 1997*. It will be included in the WSIAT file and shared with parties of record of the appeal. This information will only be used for workplace safety and insurance purposes. Questions about the collection of information should be directed to the Freedom of Information and Privacy Coordinator at the WSIAT by calling 416-314-8800 or 1-888-618-8846 (toll-free), or 416-314-1787 (TTY).