



## Response Form for Workers

(Ce document est aussi disponible en français)

### Instructions

1. Fill out and sign this form to let us know if you'll be participating in the employer's appeal. Also, if you want to appeal any issues in the same decision.
2. Review our Practice Directions: #1 – How to Start an Appeal at the WSIAT and #5 – Hearing Formats.
3. Send us this form within **4 weeks** of getting notice of the appeal.

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	
Case Name	
WSIAT #	
Workplace Safety and Insurance Board (WSIB) Claim #(s)	
Date of Final WSIB Decision	(dd/mm/yyyy)
2. Contact Information	
Please check one. I am	<input type="checkbox"/> the worker. <input type="checkbox"/> the worker's estate trustee. I included the confirming document(s). <input type="checkbox"/> the worker's power of attorney for property. I included the confirming document. <input type="checkbox"/> other – please explain _____
First Name	
Last Name	
Pronouns (optional)	
Street Address	
City	

2. Contact Information (continued)	
Postal Code	
Phone #	
Email Address	
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 included a WSIAT E-Share Service Consent Form. <input type="checkbox"/> I need paper copies of my case materials sent to me.
3. Representative Information	
Please check one.	<input type="checkbox"/> I'll represent myself in this appeal. <input type="checkbox"/> I'm trying to get a representative to help me with this appeal. <input type="checkbox"/> I have a representative and they are authorized to represent me.
<b>If you have a representative, fill out the information below.</b>	
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)	

<b>3. Representative Information (continued)</b>	
If exempt, please identify which exemption applies.	
Please check one.	<input type="checkbox"/> My representative is already signed up for E-Share. Please send them the case materials electronically.  <input type="checkbox"/> My representative wants the case materials sent electronically by E-Share. A WSIAT E-Share Service Consent Form is included.
<b>4. Participation</b>	
Please check one.	<input type="checkbox"/> Yes, I'll participate in this appeal – please go to Section 5.  <input type="checkbox"/> No, I will <b>not</b> participate in this appeal. I understand the WSIAT will contact me to confirm my decision about not participating. They'll discuss the release of my claim file(s) to the employer – please go to Section 11.
<b>5. Issues I want to Cross-Appeal</b>	
Please check one.	<input type="checkbox"/> There are no issues in this WSIB decision that I want to appeal.  <input type="checkbox"/> I want to appeal the following issue(s) from this WSIB decision – please list the issues.
I believe the decision is incorrect or should be changed because – please check all that apply.	<input type="checkbox"/> the law and policy were not properly considered.  <input type="checkbox"/> the evidence was not properly considered  <input type="checkbox"/> of other reasons. My reasons are attached on a separate page(s)

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

If I win this appeal, I want – please explain.

I've attached additional information on separate page(s)

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

Please check one.

- Yes, I'm still pursuing other issues at the WSIB. See below.
- No, I am **not** pursuing other issues at the WSIB.

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

## 8. Other Proceedings

I'm 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.

I 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.

- I do **not** think that oral evidence is needed to decide this appeal. I'd like this appeal to be decided by document evidence and written submissions.
- I think that oral evidence is needed to decide this appeal. I'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, I want this appeal to be heard in – please check one.

- English  
 French

I 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 various accessible formats, upon request.

## 11. Certification

The above information is correct. It sets out all the issues that I want to appeal. I understand that there are time limits to appeal set out in the *Workplace Safety and Insurance Act, 1997*.

I am (choose one)

- the worker.
- the authorized representative.
- other – please explain \_\_\_\_\_

Signature  
(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 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).