



Right to Sue Application Form (Section 31 of the *Workplace Safety and Insurance Act, 1997*)

(Ce document est aussi disponible en français)

1. Applicant Information	
First Name	Pronouns (optional)
Last Name	
Company or Organization Name (if it applies)	
Street Address	
City	Postal Code
Phone #	
Email Address	
Please write to me in <input type="checkbox"/> English <input type="checkbox"/> French	
2. Applicant's Representative Information	
First Name	Pronouns (optional)
Last Name	
Company, Association, or Affiliated Organization Name	
Street Address	
City	Postal Code
Phone # and Extension #	
Email Address	
3. General	
Has a civil action been started about the incident at issue in this application? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, list the court file number, all parties named in the civil action and their representative (if it applies).	

3. General (continued)

Has any party applied for Statutory Accident Benefits (SABs) for the incident at issue in this application?

Yes No

If Yes, list the insurer for the statutory accident benefits and their representative (if it applies).

4. Determination Sought

What determination are you asking for in this application? (check all that apply)

- That the right to start an action is taken away.
- That the amount that a person might be liable to pay in an action is limited by the Act.
- That an individual is entitled to claim benefits under the insurance plan.

5. Employer and Claim Status Information

Have any of the parties applied for Workplace Safety and Insurance Board (WSIB) benefits for the incident at issue?

Yes No

If Yes, list the claim numbers (if available).

Are any of the parties registered with the WSIB as employers?

Yes No

If Yes, provide the firm name and account numbers (if available).

6. Scheduling of the Application

Would you participate in a mediation without prejudice with a Vice-Chair or Panel to attempt to resolve this application?

Yes No

Are there any preliminary matters that would need a pre-hearing conference with a Vice-Chair or Panel?

Yes No

If Yes, provide details.

Accessibility

The WSIAT is committed to providing an environment that is inclusive and accessible to all people. If you need an accommodation, please write to us with the details of your request.

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 application. 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).