



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

(Ce document est aussi disponible en français)

1. The Application Before the WSIAT	
Case Name	
WSIAT #	
Style of Cause for Civil Action	
Court Registry and Registration #	
Date of Accident	
2. Your 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	
3. Your Representative's Information (if it applies)	
First Name	Pronouns (optional)
Last Name	
Company, Association or Affiliated Organization Name	
Street Address	
City	Postal Code
Phone # and Extension #	
Email Address	
4. Participation Information	
Will you be participating in this application?	
<input type="checkbox"/> Yes (complete sections 5 and 6)	
<input type="checkbox"/> No, but I want a copy of the final decision (don't complete sections 5 and 6)	
Are you opposing this application?	
<input type="checkbox"/> Yes (complete sections 5 and 6)	
<input type="checkbox"/> No, but I want a copy of the final decision (don't complete sections 5 and 6)	

5. Participation

How will you participate in this application?

- I want to participate as an observer. I won't be filing materials.
- I want to participate as a party. I will be filing materials. (Check all that apply.)
- Co-Applicant's Right to Sue Statement
 - Respondent's Right to Sue Statement

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).