



WSIAT Request Form for Audio Recordings

(Ce document est aussi disponible en français)

Instructions

1. Parties must use this form to request recorded WSIAT proceedings where a court reporter was not present. Recordings are to be used for workplace safety and insurance purposes only. Authorized representatives and employers must keep them confidential. Workers must keep third party information confidential.
2. Requests for recordings for purposes other than as identified above must be made under the *Freedom of Information and Protection of Privacy Act*.
3. The WSIAT cannot guarantee the audio quality of the recordings as they are re-recorded from the recording media used in WSIAT hearings.
4. Recordings are provided in electronic format by our E-Share service, free of charge. To sign up for E-Share, please complete and send us the [E-Share Form](#). The form is available on our website. Once this is received, we will send the audio recording.
5. If you need an alternate format or other accommodation to access the recording, please contact the Call Centre at the number below. The WSIAT may ask you to pay a fee for a different format if the request is not related to an accommodation need.

Call us if you have questions about this form. Our Call Centre is open Monday to Friday
8:30 a.m. - 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 #	
Hearing Date	(dd/mm/yyyy)
Hearing Location	

2. Party Requesting Recording

I am (choose one)

- | | |
|---|---|
| <input type="checkbox"/> the worker. | <input type="checkbox"/> the worker's representative. |
| <input type="checkbox"/> the employer. | <input type="checkbox"/> the employer's representative. |
| <input type="checkbox"/> other – please explain _____ | |

2. Party Requesting Recording (continued)	
First Name	
Last Name	
Pronouns (optional)	
Street Address	
City, Province, Country	
Postal Code	
Phone #	
3. Requester's Agreement	
<p>I agree to keep the recording confidential as outlined above. The recording will be used by the undersigned party and/or the party's authorized representative for workplace safety and insurance purposes only.</p>	
Signature (If filing electronically, type your first and last names.)	Date (dd/mm/yyyy)
<hr/>	
<input type="checkbox"/> 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.	
4. 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 under the E-File tab
Mail	Workplace Safety and Insurance Appeals Tribunal 505 University Avenue, 5th floor Toronto ON M5G 2P2

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 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).