



Notice of Appeal Form for Workers

(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 Call 711 for Relay Services

1. Appeal Information
WSIB Claim #(s)
Date of Final WSIB Decision (dd/mm/yyyy)
Accident Date (dd/mm/yyyy)
Accident Date 2 (if applicable) (dd/mm/yyyy)
Accident Date 3 (if applicable) (dd/mm/yyyy)
2. Appellant Information
I am
[ ] the worker.
[ ] the worker's estate trustee. I included the confirming document(s).
[ ] the worker's power of attorney for property. I included the confirming document.
[ ] other - please explain
First Name
Last Name
Pronouns (optional)
Title
Street Address

**2. Appellant Information (continued)**

City, Province, Country	
Postal Code	
Phone #	
Email Address	
Worker's Date of Birth	(dd/mm/yyyy)

**Case Materials**

Please write to me in	<input type="checkbox"/> English <input type="checkbox"/> French
Please send me information	<input type="checkbox"/> electronically. I have included the <a href="#">E-Share Form</a> . <input type="checkbox"/> electronically. I'm already signed up for E-Share. <input type="checkbox"/> on paper.
I want to receive	<input type="checkbox"/> <b>all</b> materials (WSIAT correspondence, the case record, and any addenda) <input type="checkbox"/> <b>only</b> WSIAT correspondence (I understand I will not receive the case record and the addenda. My representative will review these with 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're authorized to represent me.
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**If you have a representative, fill out the information below.**

First Name	
Last Name	
Pronouns (optional)	
Title	
Company, Association or Organization Name	
Street Address	
City, Province, Country	
Postal Code	
Phone # and Extension #	
Fax #	
Email Address	

**3. Representative Information (continued)**

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.	

**Case Materials**

Please write to my representative in	<input type="checkbox"/> English <input type="checkbox"/> French
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. An <a href="#">E-Share Form</a> is included.

**4. Issues on Appeal**

Please check one.	<input type="checkbox"/> I'm appealing all issues decided against me in the final WSIB decision. <input type="checkbox"/> I'm appealing only the following issues in the final WSIB decision – please list the issues.
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**5. Reasons for this Appeal**

I believe the final WSIB 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 – please explain.  <input type="checkbox"/> I've attached additional information on separate page(s).
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## 6. Remedy (what you want from the WSIAT)

If I win this appeal, I want the WSIAT to – 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'm **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 section A and B.

### 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 Language

If the WSIAT decides that an oral hearing is appropriate, I want my 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 [Accessibility Policy for Customer Service](#). This is available on the WSIAT's website at [www.wsiat.ca](http://www.wsiat.ca). It's also available in accessible formats, upon request.

## 11. Certification

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

I am

- the worker.  
 the authorized representative.  
 the Litigation Guardian or Substitute Decision Maker  
– please explain \_\_\_\_\_

## 11. Certification (continued)

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 and the final WSIB decision by E-file or mail.

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

Mail Workplace Safety and Insurance Appeals Tribunal  
500 – 505 University Avenue  
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 711 for Relay Services (TTY).