



## Response Form for Employers

(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 worker'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	Call 711 for Relay Services

1. Appeal Information	
Case Name	
WSIAT #	
Workplace Safety and Insurance Board (WSIB) Claim #(s)	
Date of Final WSIB Decision	(dd/mm/yyyy)
2. Employer Contact Information	
Company or Organization Name	
WSIB Firm #	WSIB Account #
First Name	
Last Name	
Pronouns (optional)	
Title	
Street Address	
City, Province, Country	
Postal Code	
Phone # and Extension #	
Fax #	
Email Address	

<b>Case Materials</b>	
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"/> We'll represent ourselves in this appeal. <input type="checkbox"/> We're trying to get a representative to help us with this appeal. <input type="checkbox"/> We have a representative and they're authorized to represent us.
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	
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.	

### 3. Representative Information (continued)

#### 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. Participation

Please check one.	<input type="checkbox"/> Yes, we'll participate in this appeal – please go to Section 5. <input type="checkbox"/> No, we will <b>not</b> participate in this appeal. We understand that we won't receive any further information about this appeal except the WSIAT's final decision – please go to Section 11.
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#### 5. Issues we want to Cross-Appeal

Please check one.	<p>There are no issues in this WSIB decision that we want to appeal.</p> <input type="checkbox"/> We want to appeal the following issue(s) from this WSIB decision – please list the issues.
We 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. Our reasons are attached on a separate page(s).

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

If we win this appeal, we want the WSIAT to – please explain.

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

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

Please check one.

- Yes, we're still pursuing other issues at the WSIB involving this worker – see below.
- No, we are **not** pursuing other issues at the WSIB involving this worker.

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

## 8. Other Proceedings

We're 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.

## 8. Other Proceedings (continued)

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.

We want to try to resolve this appeal through ADR/Mediation.

Yes

No

### B Language

If the WSIAT decides that an oral hearing is appropriate, we want this appeal to be heard in – please check one.

English

French

We 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.on.ca](http://www.wsiat.on.ca). It's also available in accessible formats, upon request.

## 11. Employer's Undertaking of Confidentiality and Certification

I, the employer contact, (and any representative I appoint) agree to the following.

1. We'll use the information we receive during this appeal for workplace safety and insurance purposes only. It will be used in line with the *Workplace Safety and Insurance Act, 1997*.
2. We will **not** disclose any documents or information to any non-party including those
  - in the worker's claim file
  - in related claim files
  - forwarded to us by the WSIAT or by the worker in connection with an appeal

If we share the information with a non-party (for example, a doctor), we agree to remove any details that identify the worker.

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

Signature of Employer Contact  
(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  
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).