

150 - 4600 Jacombs Road, Richmond, British Columbia, V6V 3B1  
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Website: [www.wcat.bc.ca](http://www.wcat.bc.ca) Email Address for Filing Documents: [appeals@wcat.bc.ca](mailto:appeals@wcat.bc.ca)

**You must complete, sign, and return this form to WCAT within 30 days of the Review Division Decision being appealed.**  
Make sure that you answer every question. We only require the basic information on this form to start your appeal. You will have an opportunity later on to provide more information to support your appeal.  
If you are printing this blank document and filling it in by hand, please print clearly using black or blue ink.

**1. WORKER CLAIM INFORMATION**

Worker's Last Name	Worker's First Name
WorkSafeBC Claim Number(s)	

**2. INFORMATION ABOUT YOU (APPELLANT)**

To keep your appeal active you must tell us about changes in this information.

<input type="checkbox"/> I am the worker.	<input type="checkbox"/> I am the dependant of a deceased worker.		
<input type="checkbox"/> I am the employer.	Employer Firm Name	Job Title of Employer Contact named below	
The purpose of this question is to clarify our understanding about the background of the people appearing before WCAT as part of implementing the calls to action of the Truth and Reconciliation Commission (TRC). Are you an Indigenous person (includes a person of Indigenous ancestry: Inuit, Metis, First Nations, non-status, status, and anyone with First Nations ancestry)?			
<input type="checkbox"/> Yes <input type="checkbox"/> Other, please explain: _____ <input type="checkbox"/> No <input type="checkbox"/> I choose not to answer this question			
My Last Name		My First Name	
Mailing Address		City/Town	Province
Telephone (Daytime)		Telephone (Other)	Fax Number
extension:		extension:	

**3. REVIEW DECISIONS**

A Review Division decision may decide more than one request for review.  
List below each Review Reference number you are appealing.

Review Division Reference Number(s):				
1)	2)	3)	4)	5)
Date of Review Decision you are appealing (YYYY-MM-DD)			Please attach a copy of the first page of the Review Division decision. <input type="checkbox"/> Copy is attached	

**4. REASON FOR APPEAL**

Provide a brief answer for each Review Reference number you wish to appeal.  
Please attach additional page(s) if necessary.

The decision is wrong or should be changed because:
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**5. CHANGE REQUESTED FROM APPEAL**

Provide a brief answer for each Review Reference number you wish to appeal. Please attach additional page(s) if necessary.

I would like the decision changed in the following way:
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Worker's Last Name: \_\_\_\_\_ WorkSafeBC Claim Number: \_\_\_\_\_

### 10. FORM CHECK-LIST

- Number of additional pages attached? \_\_\_\_\_
- Did you attach a copy of the first page of the Review Division decision(s) you wish to appeal?
- If your appeal is later than 30 days, did you attach a completed *Extension of Time to Appeal* form (found at [www.wcat.bc.ca](http://www.wcat.bc.ca) or call us for one)?
- Have you signed or marked the check box in Box 9 above?
- Did you answer all questions? Call us if you need help filling out this form. Send this form as soon as it is complete.
- Did you provide your email address in Box 6 for the purpose of disclosure?

Personal information on this form is collected for the processing and adjudication of a WCAT matter under the *Workers Compensation Act* and section 26(a), (c), (d) of the *Freedom of Information and Protection of Privacy Act*. For further privacy information, please contact WCAT's Freedom of Information Coordinator at the address or telephone number provided above. Email is not a secure medium. Any message or attachment you send by email could be intercepted and read by someone else, and you accept the risk of access to personal information by unauthorized persons during transmission. WCAT accepts no responsibility for messages or attachments sent by email until they are received by WCAT. You are responsible for the security of information you are sending. You must assess its sensitivity and decide whether email is a secure enough method of communication.