

**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 sending this form after the 30 day time limit you also need to apply for an extension of time to appeal. You can find the *Application for an Extension of Time to Appeal* on our website ([www.wcat.bc.ca](http://www.wcat.bc.ca)) under the Forms tab, or call us and we will send you the form.

Appealing a Review Division decision does not delay its implementation. A "stay" is when we order Review Division to delay its implementation of a decision (such as an order that you pay a penalty) while we are considering the appeal. **If you want to apply for a stay you must file an *Application for a Stay* with WCAT within 7 days of the date we received this Notice of Appeal.** You can find this form on our website ([www.wcat.bc.ca](http://www.wcat.bc.ca)) under the Forms tab, or call us and we will send you the form.

### 1. WorkSafeBC FILE INFORMATION

WorkSafeBC File/Firm #(s)	Employer/Firm Name
RFS # (if applicable)	Administrative Penalty Order/Inspection Report Number(s) (if applicable)

### 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 employer	<input type="checkbox"/> I am the worker	<input type="checkbox"/> I am the owner	<input type="checkbox"/> I am the dependant of a deceased worker
<input type="checkbox"/> I am the union	<input type="checkbox"/> I am the supplier	<input type="checkbox"/> I am other: _____	
Name of your Organization (if applicable)		Job Title of Contact Person named below (if applicable)	
My Last Name		My First Name	<input type="checkbox"/> Mr. or <input type="checkbox"/> Ms.
Mailing Address			
City/Town		Province	Postal Code
Telephone (Daytime) ( )	Telephone (Other) ( )	Fax Number ( )	

### 3. REVIEW DECISIONS

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

Review Division Reference #(s):	1) R	2) R	3) R	4) R	5) R
Date of Review Division 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 # you wish to appeal.

The decision is wrong or should be changed because:
(please attach additional page(s) if necessary)

### 5. RESULT/BENEFITS REQUESTED FROM APPEAL

Provide a brief answer for each Review Reference # you wish to appeal.

I request the following result or benefits from this appeal:
(please attach additional page(s) if necessary)

**6. WORKPLACE POSTING REQUIREMENT**

Proceed to question 7 if this is not an administrative penalty appeal (there is no posting requirement for other types of appeals).

WCAT requires an employer who is a party to an appeal of an administrative penalty (for an occupational health and safety matter) to post a notice of the appeal in one or more conspicuous places at the workplace to bring the appeal to the attention of its employees. The employer must provide WCAT a copy of the posted *Notice to Employees of an Appeal to WCAT Concerning an Occupational Health and Safety Matter*. You can find this form on our website ([www.wcat.bc.ca](http://www.wcat.bc.ca)) or call us and we will send you the form.

- The employer has posted a *Notice to Employees* in the workplace. A completed copy of this notice is attached.  
 The employer has **NOT** posted a *Notice to Employees* in the workplace because \_\_\_\_\_

**7. METHOD OF APPEAL**

WCAT will decide how your appeal will proceed. Please indicate your preference below:

- In writing (through written submissions)  Verbally (at an oral hearing)

If requesting an oral hearing, tell us why an oral hearing is necessary:

If WCAT decides to hold an oral hearing, I would like it to take place in:

- Castlegar  Cranbrook  Kamloops  Nanaimo  Richmond  Victoria  
 Courtenay  Fort St. John  Kelowna  Prince George  Terrace  Williams Lake

**NOTE:** WCAT provides professional interpreters. Family and friends may not interpret for you. If an oral hearing is held, do you need an interpreter?

- No  Yes the language I speak is \_\_\_\_\_ Dialect \_\_\_\_\_

If an oral hearing is held, do you plan to bring any witnesses to the hearing?  No  Yes

**8. REPRESENTATION**

You may appoint one person or an organization to represent you or choose to represent yourself. Please indicate your choice below.

Will you be representing yourself?  Yes (go to next section)  No (please choose one of the following):

I want to appoint an organization as my representative

Name of Organization

I want to appoint one person to represent me

Relationship to Person (e.g. family member or friend)

Last Name of Representative/Organization Contact

First Name of Representative/Organization Contact

Mr. or  Ms.

Mailing Address

City

Province

Postal Code

Telephone (Daytime)

Telephone (Other)

Fax Number

This form must be signed by the appellant or an authorized representative. If signed by an authorized representative we need an authorization less than 2 years old signed by the appellant. An *Authorization of Representative* form can be found on our website ([www.wcat.bc.ca](http://www.wcat.bc.ca)).

That authorization  is enclosed.  is on the WorkSafeBC file.

**9. CERTIFICATION AND AUTHORIZATION**

I confirm the information on this form is correct and complete. I will notify WCAT if I change my address or phone number. I understand that WCAT must have my current address to keep my appeal active. I authorize my representative named above to act on my behalf in this appeal.

**For workers:** I authorize disclosure of the WorkSafeBC file(s) and information from any source relating to this appeal to WCAT, my representative, and other parties to this appeal for the purposes of this appeal and as allowed under section 260 of the *Workers Compensation Act*.

Signature of appellant or authorized representative

Date Signed: (YYYY-MM-DD)

X

**10. FORM CHECK-LIST**

- Number of additional pages attached? \_\_\_\_  Did you provide Employer/Firm Name and File/Firm number(s) on the top of this page?  
 Did you attach a copy of the first page of the decision(s) you wish to appeal?  Have you signed in Box 9 above?  
 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)?  
 Did you attach a completed *Application for a Stay* form if you want to apply for a stay (found at [www.wcat.bc.ca](http://www.wcat.bc.ca) or call us for one)?

Personal information on this form is collected for the processing and adjudication of a WCAT matter under the *Workers Compensation Act* and 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 on the top of this form.