

150 - 4600 Jacombs Road, Richmond, British Columbia, V6V 3B1

Telephone: (604) 664-7800 Toll free: 1-800-663-2782 Fax: (604) 664-7898 Website: www.wcat.bc.ca

You must complete, sign and return this form to WCAT within 90 days of the Discriminatory Action 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 90 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) under the Forms tab, or call us and we will send you the form.

Appealing a WorkSafeBC decision does not delay its implementation. A "stay" is when we order WorkSafeBC 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 receive this *Notice of Appeal*.** You can find this form on our website (www.wcat.bc.ca) under the Forms tab, or call us and we will send you the form.

1. DISCRIMINATORY ACTION COMPLAINT INFORMATION

| | | |
|---|---|--|
| Worker Last Name | Worker First Name | <input type="checkbox"/> Mr. or <input type="checkbox"/> Ms. |
| WorkSafeBC Discriminatory Action Reference Number(s) | Date of WorkSafeBC Decision(s) you are appealing (YYYY-MM-DD) | |
| Please attach a copy of the WorkSafeBC Decision(s). <input type="checkbox"/> Copy is attached | | |

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 | Worker BC Care Card # | <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 Person named below |
| <input type="checkbox"/> I am the union | Union Name | Job Title of Union Contact Person named below |
| 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. REASON FOR APPEAL

Provide a brief answer for each Discriminatory Action decision you wish to appeal.

The decision is wrong or should be changed because:

(please attach additional page(s) if necessary)

4. RESULT/BENEFITS REQUESTED FROM APPEAL

Provide a brief answer for each Discriminatory Action decision you wish to appeal.

I request the following result or benefits from this appeal:

(please attach additional page(s) if necessary)

5. PREVIOUS GREIVANCE

Has a grievance under a collective agreement been filed regarding this matter? Yes No

6. 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

7. 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):

| | |
|---|---|
| <input type="checkbox"/> I want to appoint an organization as my representative | Name of Organization |
| <input type="checkbox"/> 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 | | <input type="checkbox"/> Mr. or <input type="checkbox"/> 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).

That authorization is enclosed. is on the WorkSafeBC file.

8. 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 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*. I also authorize WCAT to obtain or view from any source a copy of my employment or medical records or any other documents that may relate to the discriminatory action complaint.

| | |
|---|---------------------------|
| Signature of appellant or authorized representative X | Date Signed: (YYYY-MM-DD) |
|---|---------------------------|

9. FORM CHECK-LIST

- Number of additional pages attached? ____ Did you provide Worker Last Name and WorkSafeBC Reference Number(s) on the top of this page?
- Did you attach a copy of the Discriminatory Action decision(s) you wish to appeal?
- If your appeal is later than 90 days, did you attach a completed *Extension of Time to Appeal* form (found at www.wcat.bc.ca or call us for one)?
- Have you signed in Box 8 above? Did you answer all questions?
- Did you attach a completed *Application for a Stay* form if you want to apply for a stay (found at 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.