

Notice of Appeal – Review Division Assessment or Occupational Health and Safety Decision

Revised June 2022

This form will be your formal notice of appeal. Submit it within **30 days** of your Review Division decision. If it's been more than 30 days, also submit a Request for an Extension of Time (WCAT.BC.CA > FORMS).
If the Review Division decision makes any orders (i.e. to pay a penalty) you may apply that the orders be paused or "stayed" while WCAT considers your appeal. The Application for a Stay (WCAT.BC.CA > FORMS) must be submitted with **7 days** of the date we receive this Notice of Appeal.
When filling out this form, please print clearly using black or blue ink and mail it to the address above.

| | | | |
|--|-----------------------------|--|---|
| What would you like to appeal? | | | Tell us about your Review Division decision. If you don't have a Review Division decision, please visit WCAT.BC.CA > START AN APPEAL to find out what you need to do before you can start an appeal. |
| What type of decision are you appealing? | | <input type="checkbox"/> An assessment decision by the Review Division | <input type="checkbox"/> An occupational health and safety (prevention) decision by the Review Division |
| WorkSafeBC employer account number | Employer firm/business name | Review Reference number (e.g. R0123456) | |
| Review Division decision date (YYYY-MM-DD) | | Additional Review Reference numbers (if applicable) | |

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| Workplace posting requirement | | | |
| 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 to employees of the appeal in one or more conspicuous places at the workplace. The employer must also provide WCAT a copy of the posted notice (it can be submitted online and then printed and posted in the workplace). | | | |
| Has the employer posted the Notice to Employees in the workplace? | <input type="checkbox"/> Yes, the Notice to the Employees has been posted and a copy of the completed notice will be sent to WCAT by email (or submitted online) | <input type="checkbox"/> No, the employer has NOT posted a Notice to Employees | <input type="checkbox"/> I don't know. |

| | | | | |
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| Tell us about yourself | | | WCAT needs some information about the appellant (the person starting the appeal) in order to get the appeal registered. | |
| <input type="checkbox"/> I am the worker | <input type="checkbox"/> I am the dependant of a deceased worker | <input type="checkbox"/> I am an independent operator | | |
| <input type="checkbox"/> I am the employer | <input type="checkbox"/> I am a supplier | <input type="checkbox"/> I represent the union | <input type="checkbox"/> I am the owner | If you are the employer or part of a business/firm, fill in this row. |
| Business/firm name | WorkSafeBC employer account number | Job title/ position of business/firm contact | | |
| Last Name | | First Name | | |
| Your Pronouns <input type="checkbox"/> They/Them <input type="checkbox"/> She/Her <input type="checkbox"/> He/Him <input type="checkbox"/> Pronouns not listed: _____ | | | Your pronouns and title will help us address you respectfully during the appeal process. If you choose not to answer, we will address you with the information we have on file from WorkSafeBC. | |
| Your Title <input type="checkbox"/> Mx. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Title not listed: _____ | | | | |
| Email address for correspondence | | Your email address is used by WCAT to correspond with you about your appeal(s) or application(s). | <input type="checkbox"/> I prefer mail If you do not want WCAT to communicate with you by email, check this box. | |
| Mailing address | | City/Town | Province/State | Postal/ZIP code |
| Country | Telephone (Daytime) | Telephone (Other) | Fax number | |

| | |
|--|---|
| Are you an Indigenous person (includes a person of Indigenous ancestry: Inuit, Metis, First Nations, non-status, status, and anyone with First Nations ancestry)? | |
| If you self-identify, you can work with a WCAT Navigator to tell your story. These experienced staff members can offer neutral support and make sure that cultural sensitivities are respected. This service is part of implementing the Truth and Reconciliation Commission's Calls to Action | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> Other, please explain: _____ |
| <input type="checkbox"/> No | <input type="checkbox"/> I choose not to answer this question |

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Reason for appeal Briefly tell us why the decision is wrong for each Review Division decision number you wish to appeal. You will have a chance provide more information later.

The decision is wrong or should be changed because:

Change requested from appeal Briefly tell us about the change you would like for each Review Reference number you wish to appeal. You will have a chance provide more information later.

This is what I would like to have:

Method of appeal WCAT will decide how your appeal will proceed. Tell us what your preference is.

In writing (through written submissions) Verbally (by oral hearing)

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

If an oral hearing is held, how would you like to attend? By videoconference In person

If WCAT decides to hold an oral hearing **in person**, where would you like it to take place?

| | | | | | |
|------------------------------------|--|-----------------------------------|--|-----------------------------------|--|
| <input type="checkbox"/> Castlegar | <input type="checkbox"/> Cranbrook | <input type="checkbox"/> Kamloops | <input type="checkbox"/> Nanaimo | <input type="checkbox"/> Richmond | <input type="checkbox"/> Victoria |
| <input type="checkbox"/> Courtenay | <input type="checkbox"/> Fort St. John | <input type="checkbox"/> Kelowna | <input type="checkbox"/> Prince George | <input type="checkbox"/> Terrace | <input type="checkbox"/> Williams Lake |

If an oral hearing is held, do you need an interpreter? WCAT provides professional interpreters for oral hearings. Family and friends may not interpret for you. No Yes

If yes, the language (and dialect) I speak is _____

If an oral hearing is held, do you plan to bring any witnesses to the hearing? If you are unsure, leave this question blank. You can update this answer later. No Yes

Names of Witnesses _____

Representation You may appoint a person or an organization (with or without a specific contact) to represent you, or you may represent yourself.

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

| | | | |
|---|----------------------------|--|--|
| <input type="checkbox"/> I have a professional representative | Name of Organization _____ | <input type="checkbox"/> I have a friend/family member representing me | Relationship to Appellant (e.g. family member or friend) _____ |
| Representative's Last Name _____ | | Representative's First Name _____ | |

Representative's Pronouns They/Them She/Her He/Him/ I don't know Pronouns not listed: _____

Representative's Title Mx. Ms. Mrs. Mr. Dr. I don't know Title not listed: _____

Representative's mailing address _____ City/Town _____ Province/State _____ Postal/ZIP code _____

Country _____ Telephone (Daytime) _____ Telephone (Other) _____ Fax Number _____

Email address for correspondence _____ Your representative's email address is used by WCAT to correspond with them about your appeal(s) or application(s). My representative prefers mail. If your representative **does not** want WCAT to communicate with them by email, check this box.

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 at our website WCAT.BC.CA > FORMS

That authorization is enclosed. is on the WorkSafeBC file. is provided by this form (the appellant must sign the form below)

Workers' Advisers Office only: If a workers' adviser providing advice & assistance only is submitting this form, please print the advisers' name here. Workers' adviser name: _____

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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 my claim 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 314 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 this appeal or the decision(s) being appealed.

Full name (please print)

Signature

Date Signed (YYYY-MM-DD)

X

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 information, please contact WCAT's Freedom of Information Coordinator at the address or telephone number at the top of this form. Unencrypted email is not a secure medium. Any message or attachment you send by unencrypted 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.