

Notice of Appeal – Review Division Compensation Decision

Revised March 2023

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).
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 to find out what you need to do before you can start an appeal.
Review Division decision date (YYYY-MM-DD)	Review Reference number (e.g. R0123456)	WorkSafeBC Claim Number(s) (e.g. 123456789)	
List any other Review Reference numbers you are appealing:		If you are the employer or a dependant of a deceased worker, provide the worker's full name	

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 the employer (fill out this entire row)	Business/firm name	WorkSafeBC employer account number	Job title or position of 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 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: _____
Your Email Address for Disclosure	WorkSafeBC will use this address to send you notice of disclosure, which is a copy of the claim file. If you are represented , disclosure will be sent to your representative.	<input type="checkbox"/> I want to receive disclosure by mail	If you are a worker and you cannot receive notifications about the claim file by email, check this box to receive the claim file in the mail.

To get appeal information by email, please sign up for WCAT Online Services (WCAT.BC.CA > ONLINE SERVICES) If you have not previously signed up for WCAT Online Services, and you have not provided email consent on a previous WCAT appeal, we will send your appeal information to the mailing address below.

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.

Yes

No

Other, please explain: _____

I choose not to answer this question

Reason for appeal	Briefly tell us why the decision is wrong for each Review Reference number you wish to appeal. You will have a chance to 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 to 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.
<input type="checkbox"/> In writing (through written submissions) <input type="checkbox"/> 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? <input type="checkbox"/> By videoconference <input type="checkbox"/> 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. <input type="checkbox"/> No <input type="checkbox"/> 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 unsure, leave the question blank. You will be able to update this answer later. <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> Yes (go to next section) <input type="checkbox"/> 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	<input type="checkbox"/> They/Them <input type="checkbox"/> She/Her <input type="checkbox"/> He/Him <input type="checkbox"/> I don't know <input type="checkbox"/> Pronouns not listed: _____	These pronouns and title will help us address your representative respectfully during the appeal process.	
Representative's Title	<input type="checkbox"/> Mx. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> I don't know <input type="checkbox"/> Title not listed: _____		
Representative's mailing address _____		City/Town _____	Province/State _____
		Postal/ZIP Code _____	
Country _____	Telephone (Daytime) _____	Telephone (Other) _____	Fax Number _____
Your Representative's Email address for Disclosure _____			
Representatives must provide an email address to receive notice of disclosure, which is a copy of the claim file.			

If your representative wants to receive information by email, they must sign up for WCAT Online Services (WCAT.BC.CA > ONLINE SERVICES). If your representative has not previously signed up for WCAT Online Services, and has not provided email consent on a previous WCAT appeal, we will send your appeal information to the mailing address you provide below.

This form must be signed by the appellant or by their authorized representative. If signed by an authorized representative, WCAT requires an authorization less than 2 years old that is signed by the appellant. An *Authorization of Representative* form can be found at 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: Workers' adviser name: _____
 If a workers' adviser providing advice & assistance only is submitting this form, please print the advisers' name here.

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 <i>Workers Compensation Act</i> . 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) _____ <div style="text-align: center; font-size: 2em; font-weight: bold;">X</div>

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.