

Notice of Appeal – Prohibited Action Decision

Revised April 2023

This form will be your formal notice of appeal. Submit it within **90 days** of your WorkSafeBC prohibited action decision. If it's been more than 90 days, also submit a Request for an Extension of Time ([WCAT.BC.CA > FORMS](#)).
If the WorkSafeBC 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 WorkSafeBC prohibited action decision
WCAT Appeal number	WorkSafeBC prohibited action complaint number (e.g. 2019D999)	WorkSafeBC prohibited action decision date (YYYY-MM-DD)	Has a grievance under a collective agreement been filed regarding this prohibited action decision? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know	

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		<input type="checkbox"/> I represent the union		
Business/firm name	WorksafeBC employer account number	Job title/position of business/firm contact	If you are the employer or part of a business/firm, fill in this row.	
Last Name	First Name	Date of Birth/Social Insurance Number		
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). Please note: WCAT Online Services is not available for prohibited action appeals.		<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				

Reason for appeal	Briefly tell us why the decision is wrong. 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 the prohibited action decision. 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.			If yes, the language (and dialect) I speak is		
<input type="checkbox"/> No <input type="checkbox"/> Yes					
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.			Names of witnesses		
<input type="checkbox"/> No <input type="checkbox"/> Yes					

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/His <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
Email address for correspondence		Your representative's email address is used by WCAT to correspond with them about your appeal(s) or application(s). Please note: WCAT Online Services is not available for prohibited action appeals.		<input type="checkbox"/> My representative does not want WCAT to communicate with them by email, check this box.	
				<input type="checkbox"/> My representative prefers mail	

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 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 <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 X	Date Signed (YYYY-MM-DD)

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.