

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

Revised August 2025

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](http://wcat.bc.ca) to find out what you need to do before you can start an appeal.

What type of decision are you appealing?

☐ An assessment decision by the
Review Division

☐ 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)

Posting the Notice to the Employees in the workplace

In some cases, an employer who is party to an appeal of an administrative penalty (for an occupational health and safety matter) will post a notice to employees of the appeal in one or more conspicuous places at the workplace.

Has the employer posted the Notice
to Employees in the workplace?

☐ Yes, the employer has posted a Notice to
Employees. (Please provide a copy of the
completed notice to WCAT)

☐ No, the employer has NOT
posted a Notice to Employees

☐ 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.

☐ I am the worker

☐ I am the dependent of a deceased worker

☐ I am an independent operator

☐ I am the employer

☐ I am a supplier

☐ I represent the union

☐ I am the owner

Business/firm name

WorkSafeBC employer account #

Job title or position of firm
contact

If you are the employer or
part of a business/firm, fill
in this row.

Last Name

First Name

Your Pronouns

☐ They/Them

☐ She/Her

☐ He/Him

☐ 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

☐ Mx.

☐ Ms.

☐ Mrs.

☐ Mr.

☐ Dr.

☐ Title not listed:

To get appeal information by email, please sign up for WCAT Online Services (onlineservices.wcat.bc.ca). If you have not signed up for WCAT Online Services, WCAT will send your appeal information by mail to the address you provided.

Email address for disclosure

WorkSafeBC will use this address to send you a copy of the assessment or
occupational health and safety file(s).
If you are represented, disclosure will be sent to your representative.

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

☐ Other; please explain:

☐ No

☐ I choose not to answer this question.

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Review Reference number

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Do you need any accommodations to participate in the appeal process?

An accommodation is an arrangement to help remove a barrier that prevents you from fully participating in the appeal.

☐ No

☐ Yes, (please explain)

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 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 provide more information later.

Method of appeal

☐ 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 holds an oral hearing by **videoconference**, can we send the invitation to the email address you provided for disclosure? If you have signed up for **WCAT Online Services** (WCAT.BC.CA > ONLINE SERVICES), WCAT will send the invitation to the address you used to sign up.

☐ No

☐ Yes

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

☐ Abbotsford

☐ Castlegar

☐ Courtenay

☐ Cranbrook

☐ Fort St. John

☐ Kamloops

☐ Kelowna

☐ Nanaimo

☐ Prince George

☐ Richmond

☐ Terrace

☐ Victoria

☐ 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

If yes, give the names of Witnesses:

Representation

Will you be representing yourself?

☐ Yes

☐ No

☐ I have a professional representative

Name of Organization

☐ 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:

These pronouns and title will help us address your representative respectfully during the appeal process.

Representative's Title

☐ Mx.

☐ Ms.

☐ Mrs.

☐ Mr.

☐ Dr.

☐ I don't know

☐ Title not listed:

Mailing address

City/Town

Province/State

Postal/ZIP Code

Country

Telephone (Daytime)

Telephone (Other)

Fax Number

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Email address for disclosure		Representatives must provide an email address to receive notice of disclosure, which is a copy of the claim file.	
<p>To get appeal information by email, your representative must sign up for WCAT Online Services (WCAT.BC.CA > ONLINE SERVICES). Otherwise, WCAT will send them appeal information by mail.</p> <p>If WCAT holds an oral hearing by videoconference, the invitation will be sent to the email address your representative used to sign up for WCAT Online Services. Otherwise, WCAT will send the invitation to your representative's email address for disclosure</p>			
<p>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 <i>Authorization of Representative</i> form can be found at our website WCAT.BC.CA > FORMS</p>			
That authorization	<input type="checkbox"/> is enclosed	<input type="checkbox"/> is on the WorkSafeBC file	<input type="checkbox"/> is provided by this form (the appellant must sign the form)
Certification and authorization			
<p>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.</p> <p>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 this appeal or the decision(s) being appealed.</p>			
Full name (please print)	Signature X	Date Signed (YYYY-MM-DD)	
<p><small>Personal information on this form is collected for the processing and adjudication of a WCAT matter under the <i>Workers Compensation Act</i> and the <i>Freedom of Information and Protection of Privacy Act</i>. 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.</small></p>			