

Notice of Appeal – Prohibited Action Decision

Revised March 2026

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](http://wcat.bc.ca)).
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](http://wcat.bc.ca)) 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

WorkSafeBC prohibited action complaint number (e.g. 2019D999)	WorkSafeBC prohibited action decision date (YYYY-MM-DD)	Associated claim number (if applicable)	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
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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 the employer		<input type="checkbox"/> I represent the union	
Business/firm name	WorkSafeBC employer account number	Job title	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.
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 Disclosure	WCAT will use your email address to send you disclosure (which is a copy of the prohibited action file). If you have a representative, disclosure will be sent to them.	Can WCAT use your email to send you appeal information?	<input type="checkbox"/> Yes <input type="checkbox"/> No, send by mail

Please Note: WCAT Online Services is **not** available for prohibited action appeals.

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

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.

<input type="checkbox"/> No <input type="checkbox"/> Yes (please explain)

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)		
Please tell us why you would like an oral hearing:				
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"/> Abbotsford <input type="checkbox"/> Castlegar <input type="checkbox"/> Courtenay <input type="checkbox"/> Cranbrook <input type="checkbox"/> Fort St. John <input type="checkbox"/> Kamloops <input type="checkbox"/> Kelowna <input type="checkbox"/> Nanaimo <input type="checkbox"/> Prince George <input type="checkbox"/> Richmond <input type="checkbox"/> Terrace <input type="checkbox"/> Victoria <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 you are unsure, leave this question blank. You can 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				These pronouns and title will help us address your representative respectfully during the appeal process.
<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:				
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	
Representative email address for disclosure		Representatives must provide an email address to receive a copy of the prohibited action file. WCAT will use this email address to send your representative disclosure	Can WCAT use this email to send your representative appeal information?	<input type="checkbox"/> Yes <input type="checkbox"/> No, send by mail

Email address for appeal information (if different from email above)	Please Note: WCAT Online Services is not available for prohibited action appeals.	
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 WCAT.BC.CA > FORMS .		
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 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	
Certification and Authorization		
SI 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 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.