

Notice of Appeal – Review Division Compensation Decision

Revised September 2024

**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](#)). Please print clearly in black or blue ink and mail it to the address above.

<b>Tell us about the decision you want to appeal?</b>		Tell us about your Review Division decision. If you don't have a Review Division decision, please visit <a href="http://wcat.bc.ca">wcat.bc.ca</a> 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. 12345678)	
List any other Review Reference numbers you are appealing:		If you are not the worker on this claim, provide the worker's full name:	

<b>Tell us about yourself</b>		To register the appeal, WCAT needs some information about the person starting the appeal. If you are a representative filling this out on behalf of a client, please provide the client's information below.			
<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	
Last Name		First Name			
For employers:					
Business/firm name		WorkSafeBC employer account number		Job title or position of firm contact	
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.
Your Email Address		WCAT will share this address with WorkSafeBC so they can send you disclosure, which is a copy of the claim file. <b>If you are represented</b> , disclosure will be sent to your representative.			

<input type="checkbox"/> I want to receive disclosure by mail	<b>If you are a worker</b> and you want to receive the claim file by mail, check this box.
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**To get appeal information by email**, please sign up for WCAT Online Services ([WCAT.BC.CA > ONLINE SERVICES](#)). If you have not signed up for WCAT Online Services, WCAT will send your appeal information to the mailing address below. If you are not signed up for WCAT Online Services, WCAT may also use this address to send an invitation for a videoconference, if one is held.

Mailing Address		City/Town	Province	Postal 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

<b>Reason for Appeal</b>	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:	

<b>Change requested from appeal</b>	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:	

# Notice of Appeal – Review Division Compensation Decision

Review Reference number \_\_\_\_\_

Revised  
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<b>Method of appeal</b>		WCAT will decide how your appeal will proceed. Tell us what your preference is.			
<input type="checkbox"/> In writing		<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 holds an oral hearing <b>in person</b> , 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 an oral hearing is held, do you plan to bring any witnesses to the hearing? If unsure, leave the question blank. You can update this answer later.				<input type="checkbox"/> No	<input type="checkbox"/> Yes
Names of Witnesses:					
<b>Representation</b>		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:
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	Postal Code
Country		Telephone (Daytime)		Telephone (Other)	
				Fax Number	
Your Representative's Email address for disclosure			Professional Representatives <b>must</b> provide an email address to receive notice of disclosure, which is a copy of the claim file. Friends/family member representatives cannot receive notice of disclosure in place of the appellant.		
<b>To get appeal information by email</b> , your representative must sign up for WCAT Online Services (WCAT.BC.CA > ONLINE SERVICES). Otherwise, WCAT will send them appeal information by mail. If your representative is not signed up for WCAT Online Services for this appeal, WCAT may use the address above to send an invitation to a videoconference hearing, if one is held.					
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 <i>Authorization of Representative</i> form can be found at WCAT.BC.CA > FORMS.					
<b>That authorization</b>	<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)		
<b>Workers' Advisers Office only:</b> If a workers' adviser providing advice & assistance only is submitting this form, please print their name here.			Workers' adviser name:		
<b>Certification and authorization</b>					
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 <b>authorize my representative named above to act on my behalf in this appeal.</b>					
<b>For workers:</b> 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.					
Full name (please print)		Signature <b>X</b>		Date Signed (YYYY-MM-DD)	
<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>					