



## EMPLOYER APPEAL OF CLAIMS DECISION

TO: THE APPEAL COMMISSION  
1120 - 330 St. Mary Avenue  
Winnipeg MB R3C 3Z5

Telephone: (204) 925-6110  
Toll Free: 1 (855) 925-6110  
Fax: (204) 943-4393  
Email: appeal@appeal.mb.ca

Should you have any questions when completing this form, please contact the **Scheduling Assistant** at (204) 925-6116, toll free at 1 (855) 925-6110 or by email at appeal@appeal.mb.ca

**A.**

THIS APPEAL IS REQUESTED BY:

Employer Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**B.**

Name of Worker: \_\_\_\_\_

Claim Number: \_\_\_\_\_

**C.**

Name of Representative:  
(if applicable) \_\_\_\_\_

Address: \_\_\_\_\_

City/town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

***\*If you will be represented on your appeal, you must provide a separate signed and dated authorization naming your representative\****

**D.**

Any required interpretation services will be arranged by the Appeal Commission.

Please check here if you require the services of an interpreter:

Please indicate the type of Language: \_\_\_\_\_

**If you require accommodation at a hearing due to an accessibility barrier  
please let us know how we can help**

**E.**

I wish to appeal the decision of the WCB Review Office dated: \_\_\_\_\_  
The decision(s) I wish to appeal is (are): \_\_\_\_\_

I believe this decision of the WCB Review Office should be overturned for the following reasons:

**NOTE:**

*If providing additional written evidence or submission, this must be sent to the Appeal Commission at least 5 business days prior to the hearing.*

**F.**

**METHOD OF APPEAL:** Please refer to the attached brochure and indicate by which method you wish to pursue your appeal. (please check one):

VIDEOCONFERENCE       IN OFFICE AT 330 ST. MARY AVE

TELECONFERENCE       FILE REVIEW

If requesting an appeal other than file review, please state the reasons why you consider a hearing is necessary:

➤ *The Chief Appeal Commissioner has the final authority to determine the method of appeal.* ◀

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_