THE APPEAL COMMISSION
THE WORKERS COMPENSATION ACT OF MANITOBA

WORKER 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:

Worker Name: _____ Claim Number: _____

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Phone Number (home): _____ (work) _____ Email: _____

B.

Employer when injury/disease occurred:

C.

Name of Representative:
(if applicable) _____

Address: _____

City/town: _____ Postal Code: _____

Telephone Number: _____ Email: _____

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

Available in alternate format on request

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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: _____

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