



## APPEAL OF EMPLOYER ACCOUNT DECISION

\*includes appeals relating to administrative penalties\*

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](mailto:appeal@appeal.mb.ca)

### A.

THIS APPEAL IS REQUESTED BY:

Name: \_\_\_\_\_

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

City/Town: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone Number (home or work): \_\_\_\_\_

Email: \_\_\_\_\_

### B.

Name of Employer: \_\_\_\_\_

Account 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 Reconsideration Committee dated:

The decision(s) I wish to appeal is (are):

I believe this decision of the WCB Reconsideration Committee 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: \_\_\_\_\_