



THE APPEAL COMMISSION
THE WORKERS COMPENSATION ACT OF MANITOBA

APPEAL OF EMPLOYER ACCOUNT 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:

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**

Available in alternate format on request

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: _____