

9912 - 107 Street, Edmonton

(In Edmonton fax: 427-5863)

Customer Contact Centre 1-866-922-9221

P. O. BOX 2415 T5J 2S5 Toll-free fax: 1-800-661-1993

REQUEST FOR REVIEW

Claim Number

(for requests from workers or employers about a claim decision)

Account Number

(for requests from employers about a WCB account decision)

Name		_
Address		
City/Town	Postal Code	_ Telephone Number

STEP ONE: Contact the person who made the decision If you do not understand or agree with a decision ask for a full explanation. For **CLAIMS:** Contact your Adjudicator or Case Manager. For **ACCOUNTS:** Contact the Customer Contact Representative, Auditor, Underwriter, etc. You may be asked to provide them with additional information that may help to change the decision. If you have new information that we may not be aware of, you would provide it in this step. If you still disagree with the decision, please request to speak to the supervisor.

Have you completed Step one?
Yes No If yes, you may proceed to Step two.

STEP TWO: Request a review ONLY If you have already completed step one, and you still have concerns, you may ask for a review of the decision. To start your request you must complete this form.

I disagree with the decision of Customer Service concerning this claim/account and request the decision be reviewed.

A. What is the decision you wish to have reviewed? (be as specific as possible)

B. What is the date of the letter sent to you that explains the decision?

C. What are your reasons for requesting a review of this decision? (be as specific as possible)

D. What results do you want from this review? (be as specific as possible)

E. Do you have a representative to act on your behalf?
Yes No If yes, Representative name _

Signed

Date

For more information on our collaborative review process, please visit our website at www.wcb.ab.ca