

**REQUEST FOR REVIEW**  
*Review Division*

For Office Use Only

**IMPORTANT:** To request a review of a WorkSafeBC (Workers' Compensation Board) decision or order, you must return this completed form to the Review Division within **NINETY (90) DAYS** of the date that WorkSafeBC's decision or order was made.<sup>1</sup>

➤ **Please send this form via mail or fax – NOT BOTH.** ◀

**Return to:**

Mailing address: Review Division  
WorkSafeBC  
PO Box 2071 Stn Terminal  
Vancouver BC V6B 3S3

Phone 604 214-5411  
Toll free in B.C. 1 888 922-8804  
Fax 604 232-7747  
www.WorkSafeBC.com

**Your Contact Information**

*(Please contact the Review Division in writing if this information changes.)*

I am the:		
Worker <input type="checkbox"/>	Employer <input type="checkbox"/> – My title/position is:	Other <input type="checkbox"/> <i>(please describe)</i>
Name		Employer name
Mailing address		
City	Province	Postal code
Work telephone number ( )	Home number ( )	Fax number ( )

**I wish a review of the following WorkSafeBC decision.** *(Please attach a copy of the decision(s) to this application.)*

<i>Please check (✓) one and fill out the requested information in that row.</i>		
Compensation decision <input type="checkbox"/>	Claim number(s)	Decision date (yyyy-mm-dd)
Assessment decision <input type="checkbox"/>	Employer account number(s)	Decision date (yyyy-mm-dd)
Prevention order <input type="checkbox"/>	Employer account number(s)	Order date (yyyy-mm-dd)
Report number _____		
Order number _____		

**Reason for Review**

**It is important to be as specific as possible about the reasons for requesting a review of the decision. The more information you provide initially, the better we will be able to respond to your request.**

If there is not enough space below, additional pages may be attached. Are more pages attached? Yes  No

State the outcome you would like
The WorkSafeBC officer is required to make decisions with reference to the law and applicable policy. I believe the WorkSafeBC officer was wrong because

<sup>1</sup> If your request for review is made after the 90-day time period, you must tell us why your request is late. Under the law, the Chief Review Officer can only grant an extension of time where special circumstances existed which precluded the filing of a request for review and an injustice would result.

Status R

**Please continue on reverse side.**



# REQUEST FOR REVIEW *continued*

Claim number: \_\_\_\_\_

## Other Reviews and Appeals

Please tell us if you have other reviews or appeals currently underway (for the same file number(s) listed on this application).  
Please check (✓) all that apply.

I have no other reviews currently underway at the Review Division.

I have one or more reviews currently underway at the Review Division. The review number(s) is(are): \_\_\_\_\_

I have no appeals currently underway at the Workers' Compensation Appeal Tribunal (WCAT).

I have one or more appeals currently underway at the Workers' Compensation Appeal Tribunal (WCAT).

The appeal number(s) is(are): \_\_\_\_\_

## Disclosure (copy of WorkSafeBC file)

Once it is confirmed that you have a valid reviewable matter, you will receive a copy of WorkSafeBC's file. For some Compensation files, disclosure is available in CD format.

Please check (✓) the box if you prefer CD format. CD format

Note: If you have a representative, the disclosure will be sent to the representative's mailing address.  
Otherwise, disclosure will be sent to your mailing address. Yes, please send to representative

## Representation

(Please contact the Review Division if this information changes.)

Please check (✓) one.		
I will represent myself in the review process <input type="checkbox"/>		I have a representative who will handle this review <input type="checkbox"/>
If you are represented:		
Representative's name		
Representative's organization name		
Representative's mailing address		
City	Province	Postal code
Telephone number (     )	Fax number (     )	

"I wish to request a review under the *Workers Compensation Act*. I acknowledge the Review Division may obtain or view, for the purposes of review only and from any source whatsoever, a copy of records respecting the matter under review. I also acknowledge that WorkSafeBC will disclose information related to this review to the other parties to this review for the express purposes of this review. Further, and wherever applicable, I authorize the representative identified above to act on my behalf for the purposes of this review, including providing evidence and making submissions. I understand that it is a serious offence to knowingly provide false information in order to induce WorkSafeBC to make a particular decision."

Applicant name (please print)	Applicant signature <sup>2</sup>	Date signed (yyyy-mm-dd)
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<sup>2</sup> This form must be signed by the applicant. If you are a representative, you must fill in an authorization form and have it signed by the applicant. The signed authorization form must accompany this "Request for Review" form.

**Checklist *before* sending in your Request for Review . . .**

Have you:

- Attached a copy of the decision letter you wish to have reviewed?
- Signed the Request for Review (RFR) form?
- Included an up-to-date authorization if the representative is signing the RFR? Authorizations from representatives are good for a period of two years.
- Faxed the RFR? If so, please DO NOT mail the original as only one copy is required by our office. *Please keep your fax confirmation sheet.*

**Thank you** for completing these steps. This will assist us in the timely processing of your Request for Review.

If you have any questions or are unclear about what information to provide, please contact the Review Division at 604 214-5411, or toll-free in B.C. at 1 888 922-8804.