



REVIEW DIVISION SUBMISSION

Review Division

Send this form via mail or fax. We only require one form.

Review number

Return to: Review Division Workers' Compensation Board of B.C. 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
--	--

A. Review information

Applicant name
Decision date under review

B. File information received and complete?

Please check (✓) all that apply.

I have received copies of the Board records that were sent to me:
 File number(s): _____

*** If you have not received copies of all files indicated above within 14 days of the date of the attached cover letter, please contact the Disclosures Department at 604 279-7607 or toll free 1 888 967-5377, ext. 7607 immediately.**

I have read the records that were sent to me and believe they are complete.

I have read the records that were sent to me and wish to withdraw my request for review.

I have read the records that were sent to me and believe that they are missing the following documents:
(Please describe. Attach separate sheet if necessary.)

C. What is the result you want from this review?

Please check (✓) one only.

Same as on my request for review form, **OR**

I would like . . . *(please explain)*

D. Please give your reasons

Review number

It is important to be as specific as possible about the reasons for requesting a review of the decision(s). The more information you provide, the better we will be able to respond to your request. (You can give us your reasons by completing the section below or by attaching a letter containing your reasons.)

The Review Officer can change your Board decision for a variety of reasons. The most common ones are listed below. You **must check (✓) at least one** of the five boxes below that best applies to your case **and then explain at the bottom of the section** why you think that reason applies to your case. If you prefer, you can simply check the last box marked "Other reasons" and explain in detail why you think the Board decision is wrong. You can attach a separate letter if there is not enough room on this form.

A letter(s) is attached.

I believe that the Board decision of _____ is wrong because:

I have evidence that is not in the Board's records that should be considered and is attached to this form. (E.g. Medical report, statement from co-workers, records of employment). I will explain at the end of this section why this evidence should change the decision.
The evidence is: _____

The following evidence contained in the Board's records has not been considered at all or has not been properly considered when the Board made its decision. I will explain at the end of this section why this evidence should change the decision.
The evidence is: _____

The *Workers Compensation Act* ("WCA") was not properly followed in my case. (The WCA can be accessed at any public library or at http://www.worksafebc.com/publications/publication_index/default.asp). I will explain at the end of this section why I believe it applies to my case.
The section(s) of the WCA that the Board did not follow is: _____

The WCB policy has not been applied or has been applied incorrectly. (The WCB policies can be accessed at any public library or at http://www.worksafebc.com/publications/publication_index/default.asp). I will explain at the end of this section why I believe it applies to my case.
The policy number(s) not applied/applied incorrectly is: _____

Other reasons (*please specify*)

My explanation for the above is

The information given on this form and in any documents attached is to my knowledge correct and complete.		Name (<i>please print</i>)	
Signature		Address	
<i>It is a serious offence to knowingly provide false information in order to induce the Board to make a particular decision.</i>		City	Postal code
		Organization name (<i>if applicable</i>)	
Telephone ()	Date signed (<i>yy/mm/dd</i>)		