

To register a complaint to the WCB Complaints Office (WCB CO), please use the form below. Before you complete the form, it may be helpful to read the information provided on this web site with regard to what the WCB CO can investigate.

You will be contacted within five (5) working days. The WCB CO will not reply by e-mail.

First name		Last name	
If you are a worker, WCB claim number		If you are an employer, WCB account number	
Address			
Contact phone number	Alternate phone number	Fax number	
When is the best time to contact you between 8:00 a.m. and 3:30 p.m.?			

1. My complaint is about the following issue <i>(Sample issues include wage loss, earnings/rates, vocational rehabilitation, health care, delays, assessments, prevention (discriminatory action), health and safety. Please be specific, including the dates of letters.)</i>			
2. Summarize your complaint			
3. List any actions that you have taken to resolve the issue			
4. Do you have an active review or appeal underway concerning this issue? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, what is the date of the decision under active review or appeal?			
	Year	Month	Day

Signature	Date
	Year Month Day

Submit complaint form to: WCB Complaints Office
PO Box 5350 Stn Terminal
Vancouver BC V6B 5L5
Fax: 604 276-3103