



Important: A request for review of a WorkSafeBC decision or order on a:

- **Claim or assessment** matter must be submitted within **90 days** of the date the decision was made
- **Occupational health and safety or claims cost levy** matter must be submitted within **45 days** of the date the decision or order was made

Worker's last name	First name	Middle initial	WorkSafeBC claim number
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Contact information (Please contact the Review Division in writing if this information changes.)

I am the			
<input type="checkbox"/> Worker		<input type="checkbox"/> Employer	
<input type="checkbox"/> Other			
Last name	First name	Employer's name	
Mailing address			
City	Province	Postal code	Email address
Work phone number (include area code)	Home phone number (include area code)		Fax number (include area code)
What pronouns do you use (for the purpose of future communications with the Review Division)?			
<input type="checkbox"/> He/Him/His <input type="checkbox"/> She/Her/Hers <input type="checkbox"/> They/Them/Theirs <input type="checkbox"/> Ze/Zir/Zirs <input type="checkbox"/> Other			
The purpose of this question is to clarify our understanding about the background of Review Division's clients as part of implementing the calls to action of the Truth and Reconciliation Commission (TRC). Are you an Indigenous person (includes a person of Indigenous ancestry: Inuit, Metis, First Nations, status and non-status)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you self-identify as an Indigenous person, please indicate if you would like to be contacted by an Intake Officer to help you navigate the review process. These experienced staff members can offer neutral support and make sure that cultural sensitivities are respected. <input type="checkbox"/> Yes <input type="checkbox"/> No			

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

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

Reason for review

(If there isn't enough space below, additional pages may be attached.)

Are more pages attached?

☐ Yes ☐ No

Please be specific about your reason for review and the outcome you are seeking



Request for Review Review Division

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Review method

Read and review is the standard method of review. The review officer reads all submissions received from you and other parties to the review, as well as the WorkSafeBC decision and file, and obtains any additional information in order to make a decision. This method may involve telephone contact with you and other parties in order to clarify issues and gather more information.

In most cases, reviews are decided without an oral hearing. However, in some cases, the review officer may decide that an oral hearing is required, in order to make a decision.

If you believe an oral hearing is necessary or that telephone contact is required, please advise below and provide your reasons

Disclosure (copy of WorkSafeBC file)

Once it is confirmed that you have a valid reviewable matter, you will receive an email notification when the WorkSafeBC file is available online for downloading from worksafebc.com. If you have a representative, the notification will be sent to the representative's email address. Videos, photographs, and audio statements will be delivered by Canada Post on a DVD up to two weeks after your claim file is available online.

☐ No access to email

Please check (✓) the box if you are a worker without email access.

If you select this box, your claim file will be delivered by Canada Post.

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

Please check (✓) one

☐ I will represent myself in the review process ☐ I have a representative who will handle this review

If you are represented, fill in responses below.

Representative's name		Name of representative's organization	
Representative's mailing address			
City	Province	Postal code	Representatives email address
Representative's phone number (include area code)		Representative's fax number (include area code)	

Authorization

"I 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, 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's name (please print)	Applicant's signature	Date signed (yyyy-mm-dd)
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Please send this form to - **Review Division** via mail or fax — **not both**.

Review Division

Phone 604.214.5411

Toll-free in B.C. 1.888.922.8804

worksafebc.com

Fax

604.232.7747

Toll-free 1.855.433.9728

Mail

Review Division

WorkSafeBC

PO Box 2071 Stn Terminal

Vancouver BC V6B 3S3

WorkSafeBC collects information on this form for the purposes of administering and enforcing the *Workers Compensation Act*. That Act, along with the *Freedom of Information and Protection of Privacy Act*, constitutes the authority to collect such information. To learn more about the collection of personal information, contact WorkSafeBC's FIPP Office, at PO Box 2310 Stn Terminal, Vancouver BC, V6B 3W5, or email FIPP@worksafebc.com, or call 604.279.8171.



Request for Review Review Division

Worker's last name	First name	Middle initial	WorkSafeBC claim number
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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 form?
- ☐ Included an up-to-date authorization if the representative is signing the Request for Review form?
Authorizations from representatives are valid for a period of two years.
- ☐ Faxed the Request for Review form? 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.