



For office use only

**REQUEST FOR REVIEW
REVIEW DIVISION**



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.¹

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

Return to: Mailing address: Review Division Phone 604 214-5411
WorkSafeBC Toll-free in B.C. 1 888 922-8804
PO Box 2071 Stn Terminal Fax 604 232-7747
Vancouver BC V6B 3S3 www.WorkSafeBC.com

Worker last name	First name	Middle initial	WorkSafeBC claim number
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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"/> (please describe)	
Last name		First name		Employer name	
Mailing address					
City			Province		Postal code
Work telephone number (please include area code)		Home number (please include area code)		Fax number (please include area code)	

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"/>	WorkSafeBC 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 number		
		Report number	Order date (yyyy-mm-dd)		

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 and your reasons

¹ 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.





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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 (✓) the appropriate box.

I have one or more reviews currently underway at the Review Division. The review number(s) is(are): _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I have one or more appeals currently underway at the Workers' Compensation Appeal Tribunal (WCAT). The appeal number(s) is(are): _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Review method

The read and review method is the standard method of review. It involves the review officer reading all submissions received from you and other parties to the review. It also involves reviewing the WorkSafeBC decision and file, and obtaining 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 further necessary 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 needed, or that telephone contact 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 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 I have a representative who will handle this review

If you are represented:

Representative's name _____

Representative's organization name _____

Representative's mailing address _____

City	Province	Postal code
Telephone number (please include area code)	Fax number (please include area code)	

"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, 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 ²	Date signed (yyyy-mm-dd)
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² This form must be signed by the applicant or an authorized representative. If a representative signs, an authorization less than two years old signed by the applicant must accompany this "Request for Review" form or already be on WorkSafeBC's file.

Personal information on this form is collected for the purposes of administering a worker's compensation claim by WorkSafeBC in accordance with the *Workers Compensation Act* and the *Freedom of Information and Protection of Privacy Act*. For further information about the collection of personal information, please contact WorkSafeBC's Freedom of Information Coordinator at PO Box 2310 Stn Terminal, Vancouver BC, V6B 3W5, or telephone 604 279-8171.



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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 (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.