WORK SAFE BC
WORKING TO MAKE A DIFFERENCE

RESET

COMPLAINT TO THE WORKSAFEBC FAIR PRACTICES OFFICE

To register a complaint to the WorkSafeBC Fair Practices Office (FPO), 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 FPO can investigate.

You will be contacted within one working day. The FPO will not reply by e-mail.

Submit complaint form to: WorkSafeBC Fair Practices Office
PO Box 5350 Stn Terminal
Vancouver BC V6B 5L5

Fax 604 276-3103
Phone 604 276-3053
Toll-free 1 800 335-9330

First name	Last name	
If you are a worker, WorkSafeBC claim number	If you are an employer, WorkSafeBC account number	
Address		
Contact phone number *(please include area code)*	Alternate phone number	Fax number
When is the best time to contact you between 8:00 a.m. and 4:30 p.m.?		

1. My complaint is about the following issue *(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.)*

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? Yes ❒ No ❒
   If yes, what is the date of the decision under active review or appeal? *(yyyy-mm-dd)*

Signature	Date *(yyyy-mm-dd)*