

Complaint to the WorkSafeBC Issue Resolution Office

This form must be completed in Adobe Acrobat. If you don't already have Acrobat on your computer, you can [download Adobe Acrobat Reader](#), a free app. **Please note the form's functionality will not work properly if the form is opened in an internet browser such as Microsoft Edge or Google Chrome.**

To complete and submit this form:

1. Open the form in Acrobat by going to your Downloads folder and right-clicking on the PDF file. Select Open with > Adobe Acrobat Reader.
2. Type your information in the form and attach any additional documents using the **Attach** button.
3. Save your form, then click the **Submit** button at the end of the form.
4. An email will pop up. Ensure your completed form is attached, then click **Send**.

Before you begin, it may be helpful to review the [Issue Resolution Office](#) page to learn more about us and what we can investigate.

Last name			First name		
If you are a worker, provide your WorkSafeBC claim number			If you are an employer, provide your WorkSafeBC account number		
Mailing address			Contact phone number		Alternative phone number
City	Province	Postal code	When is the best time to contact you between 8:30 a.m. and 4:30 p.m.?		

My complaint is about the following: (Sample issues include wage loss, earnings and/or rates, vocational rehabilitation, health care, delays, assessments, prevention, health and safety, discriminatory action, and/or investigations. Please be specific and provide as much detail as possible, including the dates of any letters.)

List any actions that you have taken to resolve the issue

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? (yyyy-mm-dd)
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Last name	First name
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Signature	Date (yyyy-mm-dd)
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Please save your completed form to your device before submitting it.

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, email FIPP@worksafebc.com, or call 604.279.8171.