

Prohibited Action Complaint Withdrawal Form

You are withdrawing your complaint of prohibited action under Part 2, Division 6 of the British Columbia *Workers Compensation Act*. Please use this form to confirm your withdrawal.

I confirm that I would like to withdraw my prohibited action complaint file #202_____. I understand WorkSafeBC will not be taking any further action on my file and it will now be closed.

Name

Date (yyyy-mm-dd)

Signature (Click the field below to apply digital ID or you can print the form and sign it.)

Once you have completed this form, submit it to WorkSafeBC in person at one of our local offices; send it by mail, fax, or email.

Mailing address

Compliance Section, Legal Services
PO Box 5350 Stn Terminal
Vancouver BC V6B 5L5

Head office location

6951 Westminster Hwy
Richmond BC V7C 1C6

Phone 604.232.1864

Toll-free 1.888.621.7233, ext. 1864

Fax 604.233.4040

Email prohibitedaction@worksafebc.com

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.