



A. Review information

Applicant name	Review number
Decision date under review (yyyy-mm-dd)	

B. File information received and completed? Check all that apply

<input type="checkbox"/>	I have received copies of the WorkSafeBC records that were sent to me. File number(s) * If you have not received copies of all files indicated above within 14 days of the date of the attached cover letter, please contact the Disclosures Department at 604.279.7607 or toll-free 1.888.967.5377, ext. 7607, immediately.
<input type="checkbox"/>	I have read the records that were sent to me and believe they are complete.
<input type="checkbox"/>	I have read the records that were sent to me and wish to withdraw my request for review.
<input type="checkbox"/>	I have read the records that were sent to me and believe that they are missing the following documents. (Please describe. Attach separate sheet if necessary.)

C. What is the result you want from the review? Check all that apply

<input type="checkbox"/>	Same as on my request for review form, OR
<input type="checkbox"/>	I would like ... (please explain)

D. Please give a reason for requesting a review

It is important to be as specific as possible about the reasons for requesting a review of the decision(s). The more information you provide, the better we will be able to respond to your request.

(You can give us your reasons by completing the section below or by attaching a letter containing your reasons.)

The review officer can change your WorkSafeBC decision for a variety of reasons. The most common ones are listed below. You must check (✓) at least one of the five boxes below that best applies to your case and then explain at the bottom of the section why you think that reason applies to your case. If you prefer, you can simply check the last box marked "Other reasons" and explain in detail why you think the WorkSafeBC decision is wrong. You can attach a separate letter if there is not enough room on this form.

☐

A letter(s) is attached.

I believe that the WorkSafeBC decision of (yyyy-mm-dd)

is wrong because:

☐ I have evidence that is not in WorkSafeBC's records that should be considered and is attached to this form (e.g., medical report, statement from co-workers, records of employment). I will explain at the end of this section why this evidence should change the decision.

The evidence is

☐ The following evidence contained in WorkSafeBC's records has not been considered at all or has not been properly considered when WorkSafeBC made its decision. I will explain at the end of this section why this evidence should change the decision.

The evidence is

☐ The Workers Compensation Act ("WCA") was not properly followed in my case. (The WCA can be accessed at any public library or at <https://www.worksafebc.com/en/law-policy/workers-compensation-law/workers-compensation-act>.) I will explain at the end of this section why I believe it applies to my case.

The section(s) of the WCA that WorkSafeBC did not follow is

☐ The WorkSafeBC policy has not been applied or has been applied incorrectly. (The WorkSafeBC policies can be accessed at any public library or at <https://www.worksafebc.com/en/law-policy>.) I will explain at the end of this section why I believe it applies to my case.

The policy number(s) not applied/applied incorrectly is

☐ Other reasons (please specify)

My explanation for the above is

The information given on this form and in any documents attached is to my knowledge correct and complete.

Name (please print)

Signature

Address

It is a serious offence to knowingly provide false information in order to induce WorkSafeBC to make a particular decision.

City

Postal code

Telephone (include area code)

Date signed (yyyy-mm-dd)

Organization name (if applicable)

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 B.C. 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 freedom of information coordinator at PO Box 2310 Stn Terminal, Vancouver BC, V6B 3W5, or call 604.279.8171.