

INTENT TO APPEAL TO WSIB

**TO: The Workplace Safety and Insurance Board
200 Front Street West
Toronto, ON M5V 3J1**

PART 1

(To be completed in all cases)

I am appealing the following decision(s) in my claim(s):

Claim Number	Date of Decision	Name of Decision Maker
_____	_____	_____
_____	_____	_____
_____	_____	_____

I am objecting to the above decision(s) because WSIB has denied or reduced my benefits and/or denied me services without giving sufficient weight to the evidence or without adhering to WSIB policy and/or the Act. Please confirm in writing that my appeal has been filed within the time limits.

PART 2

(To be completed when you do not wish to proceed with your appeal right away)

I am filing this appeal in order to meet the time limits under the Act. I request that WSIB take no action to process my appeal until I have advised them that I am ready to proceed.

(Signature of Worker)

(Date)

PART 3

(To be completed when you wish to proceed with your appeal right away)

I am ready to proceed with my appeal and ask that WSIB provide me with a complete copy of my claim file, including the objection form, as soon as possible.

(Signature of Worker)

(Date)