

Notice of Appeal

For Appeal Tribunal Use

Appeal ID:

Claim ID:

Type of Appeal (Check One)

Worker Appeal

Employer Appeal

Assessment Appeal

Worker Appellant (fill in this section if you are a **worker** who is appealing)

First Name

Last Name

Address (Number and Street or Box Number)

Suite/Unit Number

City/Community

Territory/Province

Postal Code

Home Telephone Number

Work Telephone Number

Fax Number

Other Telephone Number

Employer Appellant (fill in this section if you are an **employer** who is appealing)

Company Name

Name of Contact Person

Address (Number and Street or Box Number)

Suite/Unit Number

City/Community

Territory/Province

Postal Code

Telephone Number

Fax Number

Other Telephone Number

Representation

I will represent myself

I have a representative

I plan to get a representative

I will be represented by the
Workers' Advisor Office

First Name

Last Name

Name of Company, Association or Organization

Address (Number and Street or Box Number)

Suite/Unit Number

City/Community

Territory/Province

Postal Code

Telephone Number

Fax Number

Other Telephone Number

If an Applicant's legal representative is filing this form, the "Representative" section of this form must be completed and the form signed by the Applicant.

Appeal (What decision of the WSCC are you appealing?)

WSCC Claim #	Date of Review Committee Decision	A copy of the Review Committee decision is attached
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Appeal Issues

I am appealing all of the issues decided against me in the decision.
or

I am appealing only the issue(s) of:

Reason for this Appeal

I believe the decision is incorrect or should be changed because:

Acknowledgement

By my signature I appeal the issue(s) as stated above.

I understand that, in the case where the appellant is a worker, the employer may participate in this appeal. If the employer participates, all documents to be considered by the Appeals Tribunal will be provided to the employer.

Signature (Please print and sign)

Date

Print name of person signing: _____

You can file your appeal with the Appeals Tribunal by sending it to the Appeals Tribunal at:



IN PERSON

Suite 1002
10th Floor Precambrian Building
4920-52nd Street
Yellowknife, NT



MAIL

NWT & NU Workers' Compensation
Appeals Tribunal
Suite 1002
10th Floor Precambrian Building
4920-52nd Street
Yellowknife, NT X1A 3T1



FAX

(867) 766-4226
Toll-free 888-777-8166

Fax Cover Page

Notice of Appeal

Date:

To: **NWT & NU Workers' Compensation
Appeals Tribunal**
Suite 1002
10th Floor Precambrian Building
4920-52nd Street
Yellowknife, NT X1A 3T1

To: (867) 766-4226

Toll Free: 888-777-8166

CC:

Fax Number:

From:

Number of Pages:

(including this
cover page)

Before sending check for:

- All 3 pages are complete,
- You have signed page three,
- A copy of the Review Committee decision is attached.