



# NOTICE OF APPEAL OF AN OCCUPATIONAL HEALTH AND SAFETY DECISION

401 Strickland Street, Whitehorse, Yukon, Y1A 5N8, Telephone: (867) 667-5645, Toll free: 1-800-661-0443, Fax: (867) 393-6279, Website: www.wcb.yk.ca

An Appeal Panel of the Board of Directors is the only level of appeal for occupational health and safety matters. An Appeal Panel of the Board of Directors may confirm, vary or reverse an occupational health and safety decision or order, make any order that ought to have been made, or revoke, decrease or confirm an administrative penalty.

<input type="checkbox"/> Worker	<input type="checkbox"/> Employer	Name	
Address		City/Town	Postal Code
Telephone (home)		Telephone (work)	
Company			
Date of the decision, penalty, order, or order not given that you are appealing: (y/m/d) <i>(unless otherwise indicated, you must appeal within twenty-one (21) days of this date)</i>			

## A - TYPE OF APPEAL (Please mark your response)

You are appealing under section 17, 26 or 45 of the *Occupational Health and Safety Act* R.S.Y. 2002:

- A decision or an order issued; or
- An administrative penalty; or
- A decision or order regarding an employee's refusal to perform hazardous work **(you must appeal within seven (7) days)**; or
- An order not made. Please describe the circumstances: \_\_\_\_\_

## B - REASON FOR APPEAL

Please explain why you are appealing. *(Use extra paper if required.)* \_\_\_\_\_

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## C - METHOD OF APPEAL

Would you prefer?

- A documentary review based on the information on file *(you do not have to attend)*; or  An oral hearing in front of the appeal panel

Will you be providing additional written information?  Yes  No

*If Yes, Please attach it to this form or provide it to the Board of Directors at least seven (7) days before the hearing. Otherwise, the hearing may be postponed or adjourned.*

Will you or another person testify at the hearing?  Yes  No

Please give a brief description of the testimony the Appeal Panel will hear. \_\_\_\_\_

\_\_\_\_\_

## D - REPRESENTATION

Do you intend to represent yourself during the appeal process?  Yes  No *Please complete and attach form "Authorization for Representation".*

## E - ACCESS TO INFORMATION ON RECORD

One free copy of the record will be provided to either the person appealing or their representative upon request. Additional copies are available for a fee.

To obtain a copy of the record, you must submit a Request for Disclosure Form to the Yukon Workers' Compensation Health and Safety Board (YWCHSB). These forms may be obtained at the YWCHSB or by calling 667-5645.

Please allow up to thirty (30) days to process your request, depending on the volume of the file.

\_\_\_\_\_  
*Signature of person making the appeal*

\_\_\_\_\_  
*Date*

For further information about reviews or appeals, please contact the Appeals Assistant: YWCHSB: (867) 667-5645 or 1-800-661-0443 toll free.

**Note:** This information is being collected under the authority of the *Workers' Compensation Act* S.Y. 2008 or *Occupational Health and Safety Act* R.S.Y. 2002 solely for the purpose of your review or appeal. For further information about the collection of this information, please contact the Vice-President of Operations/CFO, YWCHSB: (867) 667-5645 or 1-800-661-0443 toll free.