

# Notice of Appeal

See *Practice Guideline #1 Filing an Appeal*  
for more information about completing this form

## Section 1: Appellant contact

I am a:      Worker      Employer					
Appellant Last Name or Company Name			Given Name(s)		
Street			Apartment, Suite, Unit Number or PO Box #		
City/Town			Province		Postal Code
Home Phone	Work Phone	Cell Phone	Fax Number	Alternate Phone	
Email Address					
If you are an employer, please fill in the boxes on the right:		Name of a person in the company who is in charge of the appeal			Contact's Phone

**If the contact information changes, you must update the Appeals Commission immediately.**

## Section 2: Representation

☐ I Have a Representative

☐ I Plan to get a Representative

☐ I Will Represent Myself

**If you have a representative, you must submit a separate *Notice of Representation* form at the same time you submit this form. If you plan to get a representative, you must submit the *Notice of Representation* once you have a representative. This gives us the authorization to work with your representative.**

## Section 3: What are you appealing?

I appeal the following Dispute Resolution and Decision Review Body (DRDRB) decision(s):

Claim/Account #	Date of decision (DD/MM/YYYY)	Attach a copy of the decision
		Copy Attached
		<input type="checkbox"/> Copy Attached
		<input type="checkbox"/> Copy Attached
		Copy Attached

## Section 4: What are the issues?

<b>Issue 1:</b>	<b>Page # of decision relating to issue</b>
<b>Issue 2:</b>	<b>Page # of decision relating to issue</b>
<b>Issue 3:</b>	<b>Page # of decision relating to issue</b>
<b>Issue 4:</b>	<b>Page # of decision relating to issue</b>
<b>Issue 5:</b>	<b>Page # of decision relating to issue</b>
<b>Issue 6:</b>	<b>Page # of decision relating to issue</b>
<b>Issue 7:</b>	<b>Page # of decision relating to issue</b>

If there are more issues, please copy this page and continue.

## Section 5: Type of hearing

A documents only hearing

An in-person hearing in Edmonton

An in-person hearing in Calgary

A teleconference hearing

A video conference hearing

## Section 6: Do you need an interpreter or other accommodations at the hearing?

If you have chosen an in-person hearing, including a teleconference or video conference hearing:

Do you need an interpreter?

Yes

No

Language and Dialect of the Interpreter:

Do you need any other accommodations?

Examples of accommodations can include but are not limited to the need for a chair fitted with a back brace, the support of a service animal, and/or extra breaks during the hearing. If you need any accommodations, please tell us in the space provided below, and you will be contacted to discuss any reasonable accommodation the Appeals Commission can offer.

## Section 7: Are you ready to proceed?

I am ready to have a hearing date scheduled

I am not ready to have a hearing date scheduled

## Section 8: Additional Information

Please use this section to provide any additional information you feel the Appeals Commission requires in processing your *Notice of Appeal*.

## Section 9: How Did You Hear About the Appeals Commission?

Workers' Compensation Board (WCB) (For example, WCB Case Manager, WCB Web site)

Information from the Dispute Resolution and Decision Review Body (DRDRB)

Appeals Commission Website

Representative

Other \_\_\_\_\_

## Section 10: What am I signing?

By my signature, I appeal the issue(s) in the decision(s) or determination described above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (DD/MM/YYYY)

Print the name of the person signing: \_\_\_\_\_

A representative may only sign this form if they are authorized as a representative in this appeal. You must submit a separate *Notice of Representation* to authorize a representative.

If you have not received an acknowledgement of your appeal from the Appeals Commission within one month of filing, contact us.

### You can file this form by:

- submitting it online through our website;
- e-mail addressed to [AC.AppealsCommission@gov.ab.ca](mailto:AC.AppealsCommission@gov.ab.ca);
- mail;
- fax; or
- courier or personal delivery to one of our two offices.

#### Edmonton

Appeals Commission for Alberta Workers'  
Compensation 1100, 10405 Jasper Avenue  
Edmonton AB T5J 3N4  
Tel: 780-412-8700  
Fax: 780-412-8701

#### Calgary

Appeals Commission for Alberta Workers'  
Compensation 2300, 801 - 6th Avenue SW  
Calgary AB T2P 3W2  
Tel: 403-508-8800  
Fax: 403-508-8822

**Note: Once you have filed your Notice of Appeal, you may be entitled to Interim Relief while waiting for the outcome of your appeal. For more information, see our website.**

You can view our web site at: [www.appealscommission.ab.ca](http://www.appealscommission.ab.ca)

**Collection, Use and Disclosure of Personal Information:**

- The personal information that you are being asked to provide is collected under the authority of section 33(c), and managed in accordance with the *Freedom of Information and Protection of Privacy Act*.
- The information will be used for the purpose of processing your request for a hearing with the Appeals Commission for Alberta Workers' Compensation.
- It is important that every party to the appeal knows the case that is to be heard and has an opportunity to respond.
- Because of this, we share all documents related to the appeal with all other parties to the appeal and the Workers' Compensation Board.
- The information you provide may also be used for quality assurance and training purposes.
- If you have any questions regarding the collection, use or disclosure of your personal information, please contact the Appeals Commission.

For Appeals  
Commission Use  
Only