

Section 1: Appellant contact information				
I am a: <input type="checkbox"/> Worker <input type="checkbox"/> 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	Messages Only
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 WCB review body decision(s) or section 21(3) determinations:

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

Section 4: What are the issues?	
Issue 1: <hr/> <hr/> <hr/>	Page # of decision relating to issue <hr style="border-top: 1px dotted black;"/>
Issue 2: <hr/> <hr/> <hr/>	Page # of decision relating to issue <hr style="border-top: 1px dotted black;"/>
Issue 3: <hr/> <hr/> <hr/>	Page # of decision relating to issue <hr style="border-top: 1px dotted black;"/>
Issue 4: <hr/> <hr/> <hr/>	Page # of decision relating to issue <hr style="border-top: 1px dotted black;"/>
Issue 5: <hr/> <hr/> <hr/>	Page # of decision relating to issue <hr style="border-top: 1px dotted black;"/>
Issue 6: <hr/> <hr/> <hr/>	Page # of decision relating to issue <hr style="border-top: 1px dotted black;"/>
Issue 7: <hr/> <hr/> <hr/>	Page # of decision relating to issue <hr style="border-top: 1px dotted black;"/>

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

Section 5: Do you need an interpreter or other accommodations?

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 6: Type of hearing

- A documents only hearing An in-person hearing in Edmonton
 A teleconference hearing An in-person hearing in Calgary

Reason for Teleconference Hearing:

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: 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 online through our website or you can deliver a paper copy by mail, fax, personal delivery or courier 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

You can view our web site at: 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