

Please see *Practice Guideline #1* for more information about completing this form

Section 1: Appellant contact information					<input type="checkbox"/> Worker	<input type="checkbox"/> Employer
<input type="checkbox"/> Mr. <input type="checkbox"/> Miss	Appellant last name or company name			Given name(s)		
<input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.						
Street			Apartment, suite or unit number			
City/Town			Province		Postal code	
Home ()	Work ()	Mobile phone ()	Fax ()	Messages only ()		
Email Address						
If you are an employer, please fill in the boxes on the right:	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Name of a person in the company who is in charge of the appeal			Contact's phone ()	
Section 2: Representation						
<input type="checkbox"/> I have a representative		<input type="checkbox"/> I plan to get a representative			<input type="checkbox"/> I will represent myself	
If you have a representative, or plan to get one, you must send written authorization to our office. You can complete the information below and sign the authorization, or you can fill out a separate <i>Notice of Representation</i> form.						
I appoint and authorize _____ as my representative to act on my behalf in this appeal. My representative's contact information is below:						
Name of representative	Last name			Given name(s)		
Company name						
Address	Street			Apartment, suite or unit number		
	City/Town			Province		Postal code
Telephone:	Work ()	Mobile phone ()	Fax ()	Messages only ()		
_____ <i>Signature of person appointing representative</i>			_____ Date (dd/mm/yy)			
_____ Print name						

Section 3: What are you appealing?

I appeal the following WCB Review Body decision(s) or section 21(3) determination:

Claim/Account #	Date of WCB Review Body decision / WCB determination	Attach a copy of the decision/ determination to this form.
		<input type="checkbox"/> I attached a copy
		<input type="checkbox"/> I attached a copy
		<input type="checkbox"/> I attached a copy
		<input type="checkbox"/> I attached a copy

Section 4: What are the issues?

Issue 1: _____ _____ _____ _____	Page # of decision relating to issue
Issue 2: _____ _____ _____ _____	Page # of decision relating to issue
Issue 3: _____ _____ _____ _____	Page # of decision relating to issue
Issue 4: _____ _____ _____ _____	Page # of decision relating to issue
Issue 5: _____ _____ _____ _____	Page # of decision relating to issue

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

Section 5: Do you need an interpreter?

Yes No Language and dialect of the interpreter: _____

Section 6: Type of hearing

I prefer a documents only hearing

I prefer an in-person hearing: in Edmonton in Calgary

I prefer a teleconference hearing:

If you prefer a teleconference hearing, please provide your reasons below:

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/yy)

Print the name of the person signing: _____

A representative may only sign this form if they are authorized as a representative in this appeal. The appellant can authorize a representative by filing a signed and complete Notice of Representation form for this appeal or completing and signing Section 2 of this form.

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

You can file your appeal 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

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. One of the most important aspects of the Appeals Commission's process is that every party to the appeal knows the case that is to be heard and has an opportunity to respond. This means that documents related to the appeal will be shared with all other parties to the appeal, including the Workers' Compensation Board. The information collected may also be used for quality assurance purposes. If you have any questions regarding the collection or use of your personal information please contact one of the above offices and ask to speak with an Appeals Officer.

For Appeals Commission
Use Only