



## 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.