



Your Contact Information

*First name:		*Last name:	
*If you are a worker, WCB claim number:		*If you are an employer, company name and WCB account number:	
Mailing address:			
Town/city:		Province:	Postal code:
Email address:			
*Contact phone number:		Alternate number:	
When is the best time to call you between 8:00 a.m. and 5:00 p.m. Monday through Friday?			
*May we speak with your authorized representative?		Yes	No

(* indicates required field)

Authorized representative

If you are an authorized representative of the worker or employer, please complete the following:

*Name:		Company name:	
*Do you represent the worker? Yes No		*WCB claim file:	
*Do you represent the employer? Yes No		*Firm name and WCB account number:	
Mailing address:			
Town/city:		Province:	Postal code:
Email address:			
*Contact phone number:		Alternate number:	
*Date of Authorization form:			

The FPO cannot communicate with a representative unless a signed Authorization form is on the applicable WCB claim file.



Your inquiry

- *Please list your questions and summarize your concerns.
- *Why do you believe the decision made or action taken is unfair?
- *What steps have you taken to try and resolve your concerns? Please list the WCB staff you have spoken to about the issue and the outcome of your contact with them.
- *What outcome or result are you hoping from the FPO?



Appeal

- *Have you filed an appeal with WCB? **Yes** **No**

If yes, please be aware that the FPO cannot assist with appeals or become involved in matters under appeal. This includes appeals or decisions of the Appeals Department or the Board Appeals Tribunal.

- If no and you want to file an appeal, please visit the [Worker Appeals page](#) or the [Employer Appeals page](#) for more information.

If you are an injured worker and are looking for assistance in filing an appeal, you may wish to contact the Office of the Workers Advocate at 1.877.787.2456.