

**FROM:** (Name) \_\_\_\_\_

(Address) \_\_\_\_\_

(Date) \_\_\_\_\_ (Phone Number) \_\_\_\_\_

**TO:**

Workplace Safety and Insurance Board,  
200 Front Street West, Toronto, Ontario, M5V 3J1  
Phone # (416) 344-1000 Fax # (416) 344-4684

Workplace Safety and Insurance Board  
Suite 700, 99 Metcalfe Street, Ottawa, Ontario, K1P 1E8  
Phone # (613) 237-8840 Fax # (613) 239-3321

**RE:** (Claim Number) \_\_\_\_\_

On (date) \_\_\_\_\_, I received a letter from adjudicator  
/ decision maker) \_\_\_\_\_, dated \_\_\_\_\_,  
that denies \_\_\_\_\_

I disagree with the decision and wish to appeal it because (reasons)

\_\_\_\_\_  
\_\_\_\_\_

I hereby reserve my right to file further documentation and reasons in support of my appeal.

If I am past the time to appeal this decision, I request an extension of time to do so. My reasons for requesting this extension of time are:

\_\_\_\_\_  
\_\_\_\_\_

(Signature)