

Notice of Appeal

	For Appeal Tribunal Use)	
	Appeal ID:		
	Claim ID:		
Type of Appeal (Check One)			
	П		
Worker Appeal Employer Ap	eal Assessment Appeal		
Worker Appellant (fill in this section if you are a wa	wkow who is appealing)		
Worker Appellant (fill in this section if you are a wo	rker who is appealing)		
First Name	Last Name		
Address (Number and Street or Box Number)	Suite/Unit Number		
City/Community	Territory/Province	Postal Code	
Home Telephone Number	Work Telephone Number		
·	·		
Fax Number	Other Telephone Number		
Employer Appellant (fill in this section if you are an	employer who is appealing)		
Company Name			
,			
Name of Contact Person			
Name of Contact reson			
Address (Number and Street or Box Number)	Suite/Unit Number		
City/Community	Territory/Province	Postal Code	
Telephone Number	_		
Fax Number	Other Telephone Number		

Representation					
I will represent myself I ha	ave a representative	I plan to get a rep		represented by the 3' Advisor Office	
First Name		Last Name			
Name of Company, Association or Organiza	ition				
Address (Number and Street or Box Number	pr)	Suite/Unit Num	per		
City/Community		Territory/Provin	се	Postal Code	
Telephone Number					
Fax Number		Other Telephone	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	e WSCC are you appea	ıling?)			
Appeal (What decision of the WSCC Claim #	e WSCC are you appea Date of Re Committee D	eview		eview Committee is attached	
	Date of Re	eview		is attached	
	Date of Re	eview	decision	is attached No	
	Date of Re	eview	decision	is attached No	
WSCC Claim # Appeal Issues I am appealing all of the	Date of Re	eview Decision	decision	is attached No	
WSCC Claim # Appeal Issues	Date of Re Committee D	eview Decision	decision	is attached No	
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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	Reason for this Appeal	
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	Signature (Please print and sign)	Date
Print name of person signing:	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:	Date:	
То:	NWT & NU Workers' Compensation Appeals Tribunal Suite 1002	То:	(867) 766-4226	
	10th Floor Precambrian Building 4920-52nd Street Yellowknife, NT X1A 3T1	Toll Free:	888-777-8166	
CC:		Fax Numbe	er:	
From:		Number of (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.