Fair Practices Commission
Commission des pratiques équitables

An independent office working to ensure fair practices at the Workplace Safety and Insurance Board

Un organisme indépendant veillant à l'équité des pratiques de la Commission de la sécurité professionnelle et de l'assurance contre les accidents du travail.

Office Use Only
Docket Reference # : _______________

Are you an: ☐ Injured Worker	Claim #
☐ Employer	Firm #
☐ Service Provider	Provider #
Name	Phone:
Address	
May we look at your WSIB file? ☐ **Yes** ☐ **No**	
May we speak to WSIB staff about your concern? ☐ **Yes** ☐ **No**	
If represented, what is representative's name?	
Address	
Phone	Fax
May we speak to your representative? ☐ **Yes** ☐ **No**	

1.What would you like us to look into?
☐ Delay ☐ Action/Inaction ☐ Behaviour ☐ Communication ☐ Practice ☐ Policy ☐ Other

2. Why do you believe you have been treated unfairly? How recent is the problem? (See attached Complaint Guide) *You may use additional paper*

3. What outcome or result are you hoping for?

4. What steps have you taken to try to resolve the issue?

5. Is this issue under active appeal? ☐ No ☐ Yes
If Yes, what is the decision date? Year: _________ Month: _________ Day:______________

Signature of Injured Worker/Employer/Service Provider	**Date**

Mail or fax this complaint form to the Fair Practices Commission:
123 Front St. W
Toronto, ON M5J 2M2
Fax 416-603-3021
Fax Toll-free 1-866-545-5357