ANNUAL REPORT 2025

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

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Fair Practices Commission

Commission des pratiques équitables

fairpractices.on.ca

LAND ACKNOWLEDGEMENT

The Commission's office is in Toronto, which is located on the traditional territory of many First Nations including the Mississaugas of the Credit, the Anishnabeg, the Chippewa, the Haudenosaunee and the Wendat peoples. Toronto is covered by Treaty 13 signed with the Mississaugas of the Credit, and the Williams Treaties signed with multiple Mississaugas and Chippewa bands.

We acknowledge and respect the Indigenous peoples who have inhabited and cared for this land since time immemorial.

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THE MISSION OF THE FAIR PRACTICES COMMISSION

The Mission of the Fair Practices Commission is to facilitate fair, equitable and timely resolutions to complaints brought by workers, employers, service providers, and to identify and recommend system-wide improvements to Workplace Safety and Insurance Board services.

From the Commissioner

Ronan O'Leary

It goes without saying that 2025 was an extremely challenging year for everyone at the WSIB due to the labour disruption from May to July. However, the impact was also felt acutely by the workers and employers who rely on the WSIB. These challenges are reflected in a rise in complaints this year compared to 2024, alongside an increase in fairness concerns identified through our complaint reviews.

We continued to address complaints during the labour disruption—as our team is not part of the bargaining unit—but we focused on more serious and time-sensitive issues given the WSIB's limited capacity to respond to our inquiries. We also used our discretion, occasionally bypassing the requirement for complainants to first escalate their concerns if we could quickly resolve an issue. We saw an increase in complaints after the labour disruption ended, but this gradually subsided in the following months.

This report highlights some of the complaints we successfully resolved this year. For example, we were able to help a worker get an initial entitlement decision in their mental stress claim after they had been waiting for nine months (see p. 17). In another case, we were able to resolve a chiropractor's complaint about a payment dispute after they were given inaccurate information during the labour disruption (p. 19).

We also continued working with the WSIB to resolve emerging systemic issues at an early stage and to address the root causes of complaints to the Commission. I'm pleased to report that the WSIB fully resolved a systemic issue identified in 2024 involving a discrepancy between practice and policy in how the WSIB recovered overpayments from workers' loss of retirement income benefit accounts (p. 10).

Another systemic issue from last year concerned how the WSIB manages challenging behaviour from its clients, with the elevated number of complaints about communication restrictions persisting throughout 2025 (see p. 11). Because of fairness concerns and issues surrounding claim adjudication, the WSIB discontinued its use of communication restrictions that required all communication to go through a representative. Further improvements to WSIB processes are ongoing, and more updates are expected in 2026.

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My sincere thanks go to the staff at the WSIB, particularly in the case management teams, for their continued excellent cooperation in helping to resolve any issues we bring forward.

I also want to express my gratitude to the Commission's staff for their professionalism and patience, day in and day out, in the face of work that is often very challenging.

I'd like to conclude with a valuable reminder about the importance of independent oversight shared by the Chief Justice of Ontario, the Honourable Michael H. Tulloch, whom I had the privilege of hearing speak in 2025 at an event marking the 50th anniversary of the Office of the Ontario Ombudsman:

> *[O]versight is not a mark of mistrust; it is a mark of democratic maturity. It is how institutions show respect for the people they serve, by opening themselves to scrutiny, learning from mistakes, and striving to do better.*
>
> *What distinguishes the Ombudsman's approach is its blend of rigour and humility. The Ombudsman's Office listens widely, examines carefully, and focuses on practical remedies. Its voice is firm on principle, yet constructive in tone, persuasive because it is measured. It seeks not victory, but improvement… It encourages institutions to see complaints not as burdens, but as opportunities for insight and reform.*

It's a privilege to serve in this role, and I will continue to do my utmost to promote fairness for the workers and employers who rely on the WSIB.

Ronan O'Leary, Commissioner

“
[O]versight is not a mark of mistrust; it is a mark of democratic maturity. It is how institutions show respect for the people they serve, by opening themselves to scrutiny, learning from mistakes, and striving to do better.
”

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In accordance with s. 176.1 of the *Workplace Safety and Insurance Act*, the Fair Practices Commission is the ombudsman for the WSIB; as such, it must investigate complaints and make recommendations. The Commission's full mandate is set out in its Charter, which is approved by the WSIB's Board of Directors.

As an ombudsman, four main principles guide our work:

1 Impartiality

We advocate for fairness and do not take sides in complaints.

2 Independence

We operate independently to serve workers, employers and service providers. We report to the Board of Directors—the governing body of the WSIB—through its Service Excellence Committee.

3 Confidentiality

All complaints are confidential unless we receive specific consent to discuss or disclose information with outside parties.

4 Credibility

We conduct objective, thorough, fact-based reviews of complaints. We apply the principles of administrative fairness[1] in our analysis and strive to recommend fair solutions.

[1] For further details on the principles of administrative fairness, see ***Fairness by Design***, a guide that was developed by the Canadian Council of Parliamentary Ombudsman.

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The Value of the Commission's Work

We aim to provide value to our stakeholders in the following ways:

1 | The Public: Workers, Employers and Service Providers

- We provide a free, informal avenue to quickly resolve service issues that were not resolved through the WSIB's complaint process.
- Our independence and expertise in WSIB practices and policies allow us to take a fresh look at concerns and assess whether the WSIB has acted fairly.
- We help improve service more broadly by highlighting systemic problems and recommending service-wide improvements.
- We help people navigate the system and refer them to the appropriate resources in situations where our intervention would not be appropriate.

2 | The WSIB's Board of Directors

- We provide the Board with an independent voice on the concerns raised by the people the WSIB serves.
- We also act as an early warning system by highlighting trends and systemic issues at an early stage before they become larger problems.

3 | The WSIB

- We often de-escalate contentious issues and help the WSIB understand the concerns of the people it serves while working to find practical solutions.
- We help strengthen the public's trust in and relationship with the WSIB by resolving problems quickly and informally.
- We assist in identifying pain points, gaps in processes or teams working in silos so the WSIB can make well-informed decisions as to how it should allocate its resources.

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The Complaint Process

1. COMPLAINT

2. INTAKE

- Is the complaint within the Commission's mandate?
- Is there a current fairness issue regarding delay, decision-making process, communication or behaviour?
- Did the complainant escalate the concern within the WSIB?

REFER TO APPROPRIATE RESOURCE

3. ASSIGN

- Assign to a complaints review specialist for detailed review
- Check for systemic issues

COMPLAINT RESOLVED

3A. COMPLAINT REVIEW

- Inquire with the WSIB
- If necessary, elevate inquiries
- Confirm the satisfactory handling of the issue

3B. SYSTEMIC REVIEW

- Inquire about any systemic issues identified
- If necessary, elevate inquiries
- Confirm the satisfactory handling of the issue

SYSTEMIC ISSUE RESOLVED

4. INVESTIGATION

- Provide notice of investigation to the WSIB
- Gather evidence
- Conduct interviews

5. REPORT

Commission reports on its findings and recommendations to the WSIB's Board of Directors and the public

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AVERAGE DAYS FOR THE COMMISSION TO RESOLVE COMPLAINTS IN 2025

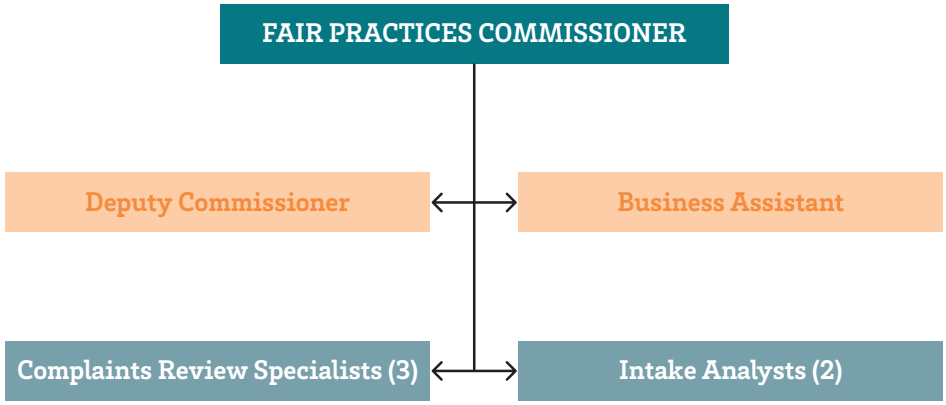
11 days

OUR OPERATING BUDGET FOR 2025 WAS

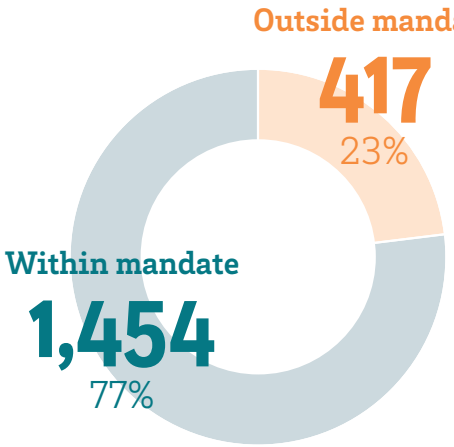
$1.213 million

By the Numbers

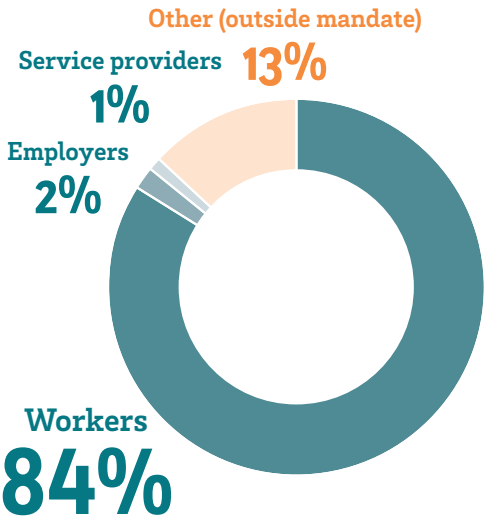
Organizational Chart



Complaints to the Commission



Who Contacted the Commission



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> The number of fairness issues identified in 2025 was 14% higher than 2024 but 7% lower than the five-year average.

Five-Year Summary

COMPLAINTS RECEIVED

The Commission received **1,871 complaints**[2] in 2025, an **18%** increase compared to 2024 and **6%** higher than the five-year average of 1,761. It's worth noting, however, that we received a significant number of complaints about the labour disruption that fell outside our mandate.

COMPLAINTS WITHIN OUR MANDATE

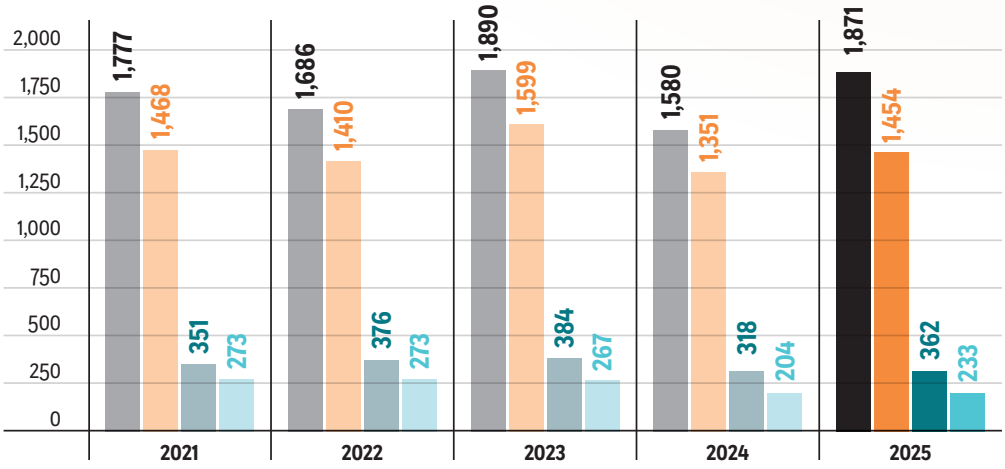
Complaints within the Commission's mandate (1,454) in 2025 were up **8%** compared to 2024 and were in line with the five-year average of 1,456.

INQUIRIES MADE BY COMPLAINTS REVIEW SPECIALISTS

Complaints review specialists conduct inquiries when the Commission identifies a potential fairness concern that the complainant was unable to resolve directly with the WSIB.

FAIRNESS ISSUES REQUIRING WSIB ACTION

Through our inquiries, we identified 233 fairness issues that the WSIB subsequently addressed. Most of the issues were about **delays (148)** and the **decision-making process (39)**. The number of fairness issues identified in 2025 was 14% higher than 2024 but 7% lower than the five-year average of 250.



[2] When a worker, employer or service provider contacts the Commission, a file is opened. Sometimes a complainant will raise more than one issue when they contact the Commission. We categorize each issue as a complaint. On average, we opened 1.1 issues/complaints per file in 2025.

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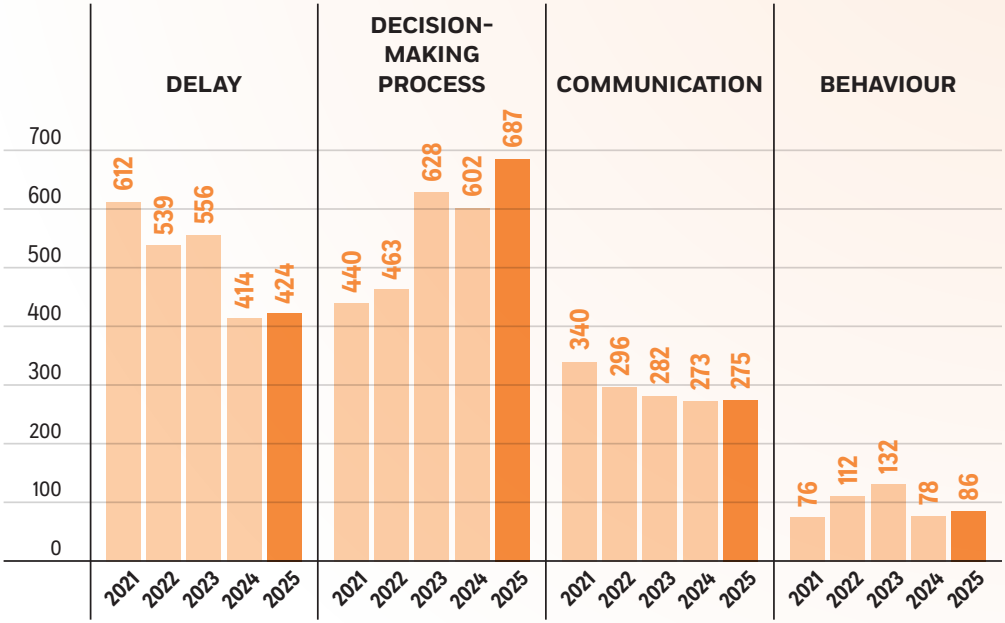
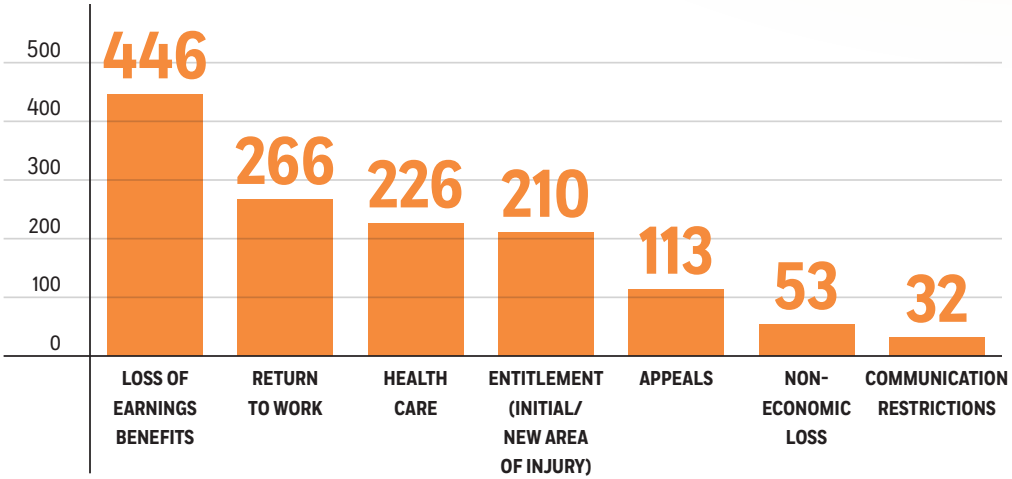
Complaints by Fairness Category



Most Complained-About Subjects in 2025



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System-Wide Issues and Improvements

A key part of our mission is to identify system-wide improvements to WSIB services. Our goal is to address the root causes of complaints and to identify issues at an early stage before they become larger problems.

When reviewing each complaint, we consider whether it may have broader implications. We also review our complaint statistics to monitor for trends. The Commissioner and staff meet regularly with WSIB management about system-wide fairness issues, and the Commissioner provides quarterly reports to the WSIB's Board of Directors.

This section provides examples of systemic issues that were resolved in 2025, as well as those that are currently being addressed.

> "In mid-2025, the WSIB advised us that it had addressed the root cause to prevent this situation from recurring. The WSIB then focused on remediating the affected claims."

1 | Discrepancy Between Practice and Policy: Loss of Retirement Income Benefit

In the Commission's *2024 Annual Report* (p. 11), we highlighted a problem in how the WSIB had been recovering overpayments from workers' voluntary loss of retirement income (LRI) contributions. According to the WSIB's Loss of Retirement Income Benefits Policy (18-03-07),[3] these overpayments should only be recovered when the account is settled, when a person turns 65 or has passed away. The WSIB had been recovering them right away.

In our initial inquiries, the WSIB's Operational Policy and Payment teams confirmed that their practice did not align with the current version of the Loss of Retirement Income Benefits Policy, which has been in place since 2018. The WSIB established a working group that met regularly through 2024 and 2025 to develop solutions.

In mid-2025, the WSIB advised us that it had addressed the root cause to prevent this situation from recurring. The WSIB then focused on remediating the affected claims.

The WSIB informed us in January 2026 that this work had been completed. Approximately 1,200 people were impacted,

[3] For context, the LRI benefit helps replace retirement income lost due to a workplace injury. An injured worker is entitled to LRI benefits if they receive loss of earnings benefits for more than a year. The WSIB sets aside an additional amount equal to 5% of every subsequent loss of earnings payment. The worker also has the option to contribute an additional 5% from their loss of earnings payments. The WSIB places these contributions in an investment fund for the worker's retirement. Most workers receive their LRI benefits at age 65 as a lump sum, while the rest receive an annuity instead.

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> "In reviewing complaints, we observed that certain restrictions were creating significant barriers for workers, sometimes preventing them from accessing services or advancing their claims."

300 of whom had settled accounts where LRI benefits had already been paid. As a first step, the WSIB reimbursed these individuals with corrective LRI payments and sent letters explaining the reason for the payments. For the remaining 900 people who are still in the system, the WSIB made the appropriate adjustments to their LRI accounts, which will be reflected in their next annual LRI statement. The WSIB advised that most individuals were owed less than $100.

The Commission is pleased to report that this issue is resolved.

2 | Ongoing Fairness Concerns Stemming From Communication Restrictions

In 2024 and throughout 2025,[4] we identified a growing number of complaints related to communication restrictions imposed by the WSIB on individuals whose behaviour was considered abusive or disruptive. These restrictions included prohibiting in-person visits or phone calls, requiring all communication to go through a representative and, in cases of serious safety concerns, having claims managed by anonymized staff.

While the WSIB has a duty to protect the health and safety of its staff, it also has a duty to provide service to the public. In reviewing complaints, we observed that certain restrictions were creating significant barriers for workers, sometimes preventing them from accessing services or advancing their claims.

We reported on these concerns in last year's annual report (p. 12), and the WSIB established a working group to review its approach to managing challenging behaviour. Nonetheless, the Commission continued to monitor the issue closely and raise concerns with the WSIB throughout 2025. Individual case issues were discussed directly with the Corporate Security team when appropriate, and the Commissioner held regular discussions with WSIB senior management regarding our broader concerns.

Workers required to communicate through a representative only often faced a confusing and challenging process. Even when the representative could be a friend or family member, not all workers had someone willing or able to take on the responsibility of handling all communication with the WSIB on their behalf.

Stricter restrictions required other workers to communicate through a licensed representative such as a lawyer or paralegal. However, many were not eligible for free legal representation or faced a waiting period if they were. The Commission highlighted the potential financial barrier for workers and the cost effectively imposed on accessing their statutory rights. We also noted that the restrictions could unintentionally prolong the claim, potentially increasing its cost.

Of particular concern was a practice that had developed in which the WSIB refused to process Intent to Object Forms or Appeals Readiness Forms completed by the worker

[4] In 2025, we received 32 complaints about communication restrictions. Similarly, in 2024, we received 31. This compares to 11 and 13 in 2023 and 2022, respectively.

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> "A key component of a fair process is that the affected person is able to participate fully and receives clear reasons for any decision affecting them."

rather than a representative, preventing some workers from exercising their statutory right of appeal. When the WSIB maintained its position in response to our initial inquiries, the Commissioner raised the issue with the COO and CEO & President. They agreed that the WSIB has a legal responsibility to process appeals, and they ensured a directive to this effect was issued to staff a few days later.

As noted above, a WSIB working group reviewed these broader issues throughout 2025. Although the process was understandably delayed due to the labour disruption, the WSIB reported its initial findings and next steps to us in October 2025. Most significantly, the WSIB decided to cease issuing representative-only communication restrictions immediately and began work to downgrade existing restrictions by early 2026.

We continued to receive an increased number of complaints about communication restrictions throughout the year, giving rise to further fairness concerns.

For example, in one case, a worker's representative complained about receiving a vague response to a request to have a restriction removed. The initial restriction letter stated that the WSIB may remove the restriction after two years if the worker abided by its terms. The worker complied for almost four years, so his representative subsequently asked for the restriction to be lifted. After seven weeks, the WSIB replied with a two-sentence letter declining the request because the representative had not provided any information to demonstrate the restriction could be safely removed. However, the initial letter did not mention this requirement, nor did the new letter specify what type of information would satisfy it.

A key component of a fair process is that the affected person is able to participate fully and receives clear reasons for any decision affecting them. In this case, the worker was not afforded a fair process, as the WSIB imposed new requirements at the end of the process and did not clearly explain them. Following our inquiries, the restriction was ultimately lifted after the worker submitted a letter confirming that he had read the WSIB's Code of Behaviour and committing to adhere to it, although there was a further two-month delay in replying to that letter too.

Other concerns we identified include the following:

- **Bypassing warnings**
  The previous practice of issuing written warnings before imposing restrictions is being bypassed more frequently.
- **Inconsistent messaging**
  Some letters invite individuals to call the WSIB, even when there is a phone restriction in place.
- **Duration**
  All restrictions generally remain in place for at least two years regardless of the nature of the concern.
- **Removal process**
  The criteria for determining whether there is an ongoing health and safety risk to staff remain unclear.

We have continued to share our observations with WSIB senior management, who have acknowledged that there are opportunities for further improvements. They are scheduled to complete their broader review of WSIB security processes in early 2026.

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> "In the complaints we reviewed, we noticed a pattern where sometimes document tasks were being marked complete without the necessary action or response actually being completed."

3 | WSIB's Process for Addressing Incoming Documents

Another area where we identified potential opportunities for improvement is how the WSIB handles incoming correspondence and documents. Throughout 2025, we saw many cases where complainants did not receive a response after submitting documents that warranted one.

While this issue is not necessarily new, we have been increasingly focusing on discovering the root cause of complaints to the Commission, rather than simply resolving the substantive issue. Understanding the root causes underpins our mission to identify system-wide improvements to WSIB services.

With this in mind, we observed that a contributing factor in many complaints related to how the WSIB was handling incoming documents and correspondence.

In terms of the process, when a document is sent to the WSIB, it is uploaded to the WSIB's case management system, and an associated task is created for work tracking purposes.

If the claim is being actively managed, the case manager determines the appropriate action required, and then marks the task complete. This may involve responding to the correspondence, forwarding the activity to another team member or simply filing it for informational purposes.

For unassigned claims, tasks associated with incoming documents are usually handled by customer service representatives who typically mark tasks complete after streaming activities to other areas for action depending on the nature of the document.

In the complaints we reviewed, we noticed a pattern where sometimes document tasks were being marked complete without the necessary action or response actually being completed.

In late 2025, we shared around 30 examples of this issue with the WSIB. The impact in these cases included delays in approving health care treatment, delays in reconsidering decisions and processing appeals, and complaints going unanswered (for a specific example, see the case summary on p. 15).

After reviewing the examples, the WSIB advised that there were several instances of human error. However, it also acknowledged that there may be opportunities to adjust processes to ensure incoming documents are addressed appropriately. This is currently under review by the Case Management and Customer Care teams, and further updates will be provided to the Commission.

The WSIB receives tens of thousands of incoming documents each day, so we recognize that any changes to the related processes would require careful consideration. While the WSIB is reviewing its processes, we continue to monitor for further examples.

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> "Thank you for taking the time to speak with me. I truly appreciate your concern and your help. It's the most I've received within these past few years regarding my injury."
>
> —*Worker*

Individual Case Resolutions

The summaries in this section highlight the types of fairness issues that the Commission resolved in 2025.

1 | Loss of Earnings Benefits Allowed for Nurse During Acute Phase of Injury

A nurse, who had hurt her shoulder while repositioning a patient, complained to the Commission that she had been denied loss of earnings benefits for two days she missed due to her injury. She was not familiar with the WSIB process because it was her first claim.

The worker explained that she took the day after the injury off work, hoping she would get better. When she didn't, she sought medical attention the following day. The employer offered the worker modified duties for her shift that same evening, but she declined them in accordance with the doctor's advice from earlier that day. She returned to modified duties the next day and resumed full duties a few days later.

The WSIB denied entitlement to loss of earnings benefits for the first day because the worker didn't seek medical attention. Loss of earnings was denied for the second day on the basis that there was no medical evidence to show she was unable to perform modified work.

When she raised her concerns with a manager, she was told that the case manager made the correct decision.

In her complaint to the Commission, the worker explained that she initially did not understand the extent of her injury. She further stated that she had to wait five hours to be seen by a doctor, was still experiencing swelling and pain and was following the doctor's advice when she declined to work.

We made an inquiry to clarify whether WSIB policy requires a worker to seek medical attention on the day of an injury. The manager acknowledged that this is not the case and stated that it may be appropriate for a worker to wait to assess whether symptoms persist before seeking medical attention. Upon reviewing the claim in more detail, the manager determined that the worker's responses were reasonable given that she was still in the acute post-injury period.

The WSIB ultimately reconsidered its decision and allowed loss of earnings benefits for the two days in question.

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> "Thank you so much for your help and patience with me. I cannot express my gratitude enough."
>
> —*Worker*

2 | Repeated Requests for Appeals Readiness Form Go Unanswered

A worker representative complained that he had been trying to obtain an Appeals Readiness Form for nine months after he filed an Intent to Object Form and new medical evidence for review.

He wrote to the WSIB four times asking for the Appeals Readiness Form. In response to his final letter, he received a voicemail from a manager apologizing and assuring him the additional information would be reviewed, and the Appeals Readiness Form would be issued. The manager assigned this task to a staff member, but it was not actioned.

In the following months, the worker representative sent six further letters including one addressed to a manager. Each letter went unanswered, and the one addressed to a manager was not brought to the attention of a manager.

Frustrated, the representative came to the Fair Practices Commission for help in June 2025.

Despite the ongoing labour disruption, we asked the manager to prioritize the issue because of the poor service the worker had received. Within a week of our inquiry, the manager ensured that the reconsideration decision was finalized, a copy of the claim was sent to the worker and the Appeals Readiness Form was issued. This allowed the appeal to finally move forward.

We also continue to make follow-up inquiries with the WSIB about its process for responding to correspondence, as we found it very concerning that a relatively simple request remained unresolved after the representative sent ten written requests. (see p. 13 for further details)

3 | Elderly Worker Denied Replacement Hearing Aids

An 80-year-old worker with an allowed claim for noise-induced hearing loss complained that the WSIB had denied her request for replacement hearing aids. She told the Commission the hearing aids she had been provided the previous year had never fit properly and weren't effective, so she had been getting by without them. However, as she still worked part-time, she explained that her hearing difficulties were now impacting her ability to work.

The worker and her audiologist submitted a request for a replacement in August 2025. Eight weeks later, her request was denied on the basis that she did not meet the replacement criteria outlined in the Hearing Devices Policy (17-07-04) or the Replacement of Hearing Aids guidelines. The policy states that the WSIB will typically replace hearing aids after five years but may consider earlier replacements in certain circumstances, such as a change in the worker's clinical requirements or fitting issues.

The worker said she called WSIB Customer Care to express her concerns about the decision, but was told she could appeal it. We did not ask the worker to escalate her concerns to a manager due to her age and her hearing difficulties.

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> "I appreciate the time and effort put into your review and the in-depth comments on this matter."
>
> —*Worker*

We made an inquiry to clarify several points, as it was not clear how closely the request had been reviewed. The signature on the letter indicated it was written by a summer student, but no name was provided. Additionally, the replacement request form indicated there were fitting issues with the initial hearing aids, and a recent audiogram appeared to show a deterioration in her hearing.

The manager said she would ask the WSIB audiologist to call the worker's audiologist so they could clarify her needs. The WSIB subsequently reconsidered its decision and allowed a pair of replacement hearing aids.

4 | Worker Representative Complains About Overdue Final Benefit Review

A worker's representative complained to the Commission that the WSIB would not conduct a final loss of earnings benefit review in their client's claim even though the period outlined in the legislation had expired.

In accordance with the *Workplace Safety and Insurance Act*, WSIB policy requires a final review of a worker's loss of earnings benefits after six years. The Act allows an extension of up to two years if the worker is still receiving health care treatment. The review period can also be extended if the worker is engaged in a work transition program. After the final review, the Act only allows the WSIB to review loss of earnings benefits in certain exceptional circumstances.

In this case, the worker was a first responder with an allowed claim for post-traumatic stress disorder with a November 2016 date of injury. The WSIB deferred the November 2022 final benefit review for treatment reasons, allowing an additional two years.

In November 2024, the worker representative wrote to the WSIB, asking it to complete the final benefit review on the basis that the legislative period for reviewing loss of earnings benefits had expired.

In subsequent phone calls, a WSIB manager advised the representative that the WSIB could not complete the final benefit review until it made a decision on the worker's non-economic loss award for his permanent impairment.

After the representative contacted the Commission, we made an inquiry with the WSIB, as it was not clear to us that an outstanding non-economic loss award decision was one of the exceptions that permitted the deferral of the final benefit review. The manager maintained that the non-economic loss decision had to be made first but said it would be completed soon.

We made further inquiries, asking for the specific section of the legislation or policy that the WSIB was relying upon to support its position. After consulting a director, the manager acknowledged that the non-economic loss decision was not required and that the final benefit review would be completed on a priority basis.

Two weeks later, the representative contacted us to confirm the final benefit review had been completed and to thank the Commission for its help.

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> "I appreciate every single thing you've done in getting this resolved… the manager says a decision will be made within ten business days."
>
> —*Employer*

5 | Outstanding Investigation Report Leads to Delay in Adjudicating Mental Stress Claim

A school teacher complained about a delay in the initial entitlement decision in his mental stress claim related to workplace harassment and racism.

Employers are required, under the *Occupational Health and Safety Act*, to investigate complaints about workplace harassment. The WSIB routinely requests the resulting investigation reports as part of its evidence-gathering process.

In this case, the WSIB had requested the report from the employer many times both in writing and over the phone. During the WSIB labour disruption, a manager continued to request the report from the employer, but without success.

When the worker escalated his concerns to a manager, he was told that the WSIB was continuing its efforts to obtain the investigation report but could not provide a definitive timeline or details on next steps.

At the time he contacted the Commission, his claim had been pending for approximately nine months, and he had been following up with the WSIB each month seeking updates. He told the Commission that the delay was taking a further toll on his mental health and that he urgently needed treatment.

We made an inquiry about whether the WSIB had options to compel the employer to provide the report, or if an internal WSIB investigator could gather the necessary evidence. Instead, the manager determined that a decision could be made based on the evidence already in the WSIB's possession. She noted that the employer had not provided any evidence to refute the claim. The following week, the WSIB allowed the claim, granting the worker health care and loss of earnings benefits.

6 | Worker Complains About Recovery of Unexpected Overpayment

A worker complained to the Commission about the WSIB's recovery of an overpayment related to his classification as a dependent contractor rather than an employee.

At the start of the claim, the WSIB classified the worker as an employee and paid him based on his earnings in the four weeks prior to the injury.[5] The worker spoke to a manager to ensure overtime was included in the rate of pay, and the manager confirmed he was being paid correctly.

After 12 weeks, the WSIB had to review the worker's long-term rate of pay. Additional earnings information the worker provided suggested that he should have been classified as a dependent contractor rather than an employee. As the earnings basis for a dependent contractor is based on net business income over a longer period, more detailed tax information is usually required.[6]

[5] Determining Short-term Average Earnings Policy (18-02-02)

[6] Determining Average Earnings – Exceptional Cases Policy (18-02-08)

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> "I sincerely appreciate you and your involvement. You have a direct line to the manager where I couldn't get through. I'm cautiously optimistic."
>
> —*Worker*

While awaiting this additional tax information, the WSIB continued to pay the worker at the short-term rate without informing him of the potential for an overpayment, even though the earnings information on file suggested that this was likely the case. Several months passed before the worker returned the requested tax information, at which point the WSIB recalculated his earnings basis and assessed him with a significant overpayment.

The relevant section of the Recovery of Benefit-Related Debts Policy (18-01-04) states that the WSIB will pursue recovery of an overpayment if it was the result of an "administrative error… the debtor… should reasonably have been aware of."

The letter informing the worker of the overpayment did not reference this policy or explain why he should reasonably have been aware of the error. Decisions related to overpayments cannot be appealed.

In our initial inquiries, a manager explained that the debt was deemed recoverable because the worker should have been aware he was being overpaid based on his income history.

We then spoke to a director to clarify the underlying administrative error that gave rise to the overpayment. Without understanding the nature of the error, it was not possible to assess whether the worker ought to have been aware of it.

After reviewing the case, the director agreed that the WSIB hadn't clearly explained to the worker what additional earnings information was needed, why it was needed, or set expectations that it could significantly lower his rate of pay and result in him owing money to the WSIB. The director also agreed that the overpayment letter to the worker fell short in its explanations and should have referenced the Recovery of Benefit-Related Debts Policy. The WSIB decided to make the worker's entire overpayment non-recoverable.

7 | Complaints From Employers

In 2025, we received 33 complaints from employers, mostly relating to claims rather than employer accounts (premiums, registrations, etc.). Here are a couple of examples:

- An employer representative complained that they were unable to view or upload documents on the WSIB's online portal. WSIB Customer Care created three IT tickets to address the issue, but it remained unresolved. When the representative tried to escalate their concerns, they were referred to a manager on the IT team, but this person's role didn't permit him to speak with the public. We made an inquiry with the IT team, who ensured that the matter was prioritized and that the appropriate team was regularly updating the employer representative. The representative subsequently confirmed the problem had been fixed and thanked us for our help.
- A large healthcare organization complained that they did not receive mailed decision letters in 19 separate claims. Despite sending follow-up faxes asking for the letters to be re-sent, many

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remained outstanding. We made inquiries with a manager, who made sure that all the outstanding letters were sent, proper mailing processes were reinforced with staff, and there were no technical issues with the mailing process. We also connected the employer with the appropriate team so they could be set up to receive decision letters via secure email going forward.

8 | Concerns Raised by Service Providers

We also accept complaints from service providers such as physiotherapists, psychologists, chiropractors, etc. In 2025, we received nine complaints from service providers. Here are two examples of the types of issues we helped resolve in 2025:

- During the labour disruption, a chiropractor was verbally told by a redeployed staff member that he was approved to provide treatment to two areas of injury rather than one. After the labour disruption, a manager told him he would only be paid for one area of injury, as that was what the claim was approved for. We connected the service provider with a director, who took a closer look at the claim and confirmed that the chiropractor was given incorrect information during the labour disruption. As a result, she approved payment for the two areas of injury on an exceptional basis.

- A physiotherapy clinic complained that a WSIB clinical expert had been rude during a call about a treatment extension. As the clinic was unsure of the escalation process, we facilitated a call with a manager. Before contacting the clinic, the manager listened to the call recording. She agreed that the clinical expert could have handled the call better and had ended it abruptly. The manager called the clinic to apologize and advised that coaching and feedback would be provided, resolving the complaint to the clinic's satisfaction.

> "Thank you for your assistance… it was very effective and I truly appreciate it."
>
> *—Employer representative*

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

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