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## DECISION REVIEW OFFICE – DECISION REVIEW FORM

**Please complete this form to have your request processed without delay.**

### Section 1 – Information Required

Worker      Employer      Other

First Name:

Last Name:

Claim No.:

Worker's Name:

Employer's Name (if applicable):

**Have you discussed this decision with the person who made the initial decision? Yes      No**

### Section 2 – Information About Your Decision Review Request (required)

I would like a review of the decision made by \_\_\_\_\_ in the letter dated \_\_\_\_\_.

*\* Please briefly explain why you disagree with the decision.*

*Please note: If a Decision Review Specialist requires clarification, they will follow-up with you with the contact information on file.*

**Section 3 – Representative**

If you have a representative working on your behalf, please provide the following information:

Name of Representative:

Name of Firm/Organization (if applicable):

Telephone:

Fax:

**Section 4 – Decision Review Process**

**IMPORTANT:** Once this form is reviewed, we will send a confirmation letter by mail. If the form is incomplete, or if the request for a decision review is not clear, the form will be returned. It can be resubmitted once the missing information has been completed. Workers, employers, and/or their representatives are not contacted in the decision review process unless clarification is needed. Both the worker and employer will be notified by mail once the decision review has been completed. Decision Review Office decisions are WorkSafeNB's final decision, and can only be appealed to the Workers' Compensation Appeals Tribunal.

I authorize WorkSafeNB to disclose, to discuss and/or share my file and all related information with my authorized representative (if identified in Section 3), verbally or in writing. I certify the information on this form or any attached document is to the best of my knowledge correct and complete.

Signature:

Date:

\_\_\_\_\_

\_\_\_\_\_

WorkSafeNB reminds you that submitting documents through unsecure email networks increases privacy concerns. For more information, please read [WorkSafeNB's Privacy Statement](#).

You can also print and send completed forms to:

**WorkSafeNB****Attention: Decision Review Office****Mail:**

1 Portland Street  
P.O. Box 160  
Saint John, N.B. E2L 3X9

**Fax:**

506 642-0720

**In person:**

Completed forms can be dropped off at the regional office in your area. Addresses are available at [worksafenb.ca](http://worksafenb.ca) or by calling the toll-free number.