WORKSAFE TRAVAIL SÉCURITAIRE NB

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DECISION REVIEW OFFICE – DECISION REVIEW FORM

Please complete this form to have your request processed without delay. If you do not understand or have questions about the decision, please contact the original decision-maker for clarification.

Section 1 – Information Required

Worker ◯ Employer ◯ Other ◯

First Name:	Last Name:
Claim N°:	Worker's Name:
Employer's Name (if applicable):	

Section 2 – New Information/Reconsideration

Please do not attach any documentation to this form. The Decision Review Office has access to your claim file. If new information that has not yet been considered by the original decision-maker is discovered before the review process begins the request for review will not be accepted.

Do you have new information to provide?

◯ Yes – Send the information to the original decision-maker. Once you receive a new decision letter reconsidering the original decision you can complete and submit the Decision Review form.

◯ No – Complete the Decision Review Form and submit for review.

Section 3 – Decision(s) to be Reviewed

I disagree with the following decision(s):

Date of Decision Letter(s) (dd/mm/yyyy)	**Issue(s) in Dispute**

Section 4 – Information About Your Decision Review Request (required)

Please complete both pages of this form.

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

Section 5 – 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 6 – Decision Review Process
IMPORTANT: Once this form is received the Decision Review Office will send you a letter by mail advising you of the status of your request. 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 5), 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: _____

You can submit the form by email at decisions@ws-ts.nb.ca.

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 or by calling the toll-free number, 1 800 999-9775.