

Complaint Guide

Before contacting us, we encourage you to try to resolve your complaint with the WSIB. If something has been overlooked or misunderstood, the problem might be quickly and easily resolved.

Step 1. Phone or write the WSIB staff person you were dealing with when the problem arose

- Have your claim, firm or provider number handy.
- Explain what happened, what you think is unfair, and what you think should be done to fix the problem.
- Make notes of the conversation - who you spoke to, on which date and any agreed upon action.
- Call back if you have not heard from the person by the expected date.

Step 2. Contact the Manager

- If you do not get satisfaction from the staff person you contacted, ask for the manager's name and write or phone that person with your complaint.

Step 3. Contact the Fair Practices Commission

The Commission can look into alleged unfair practices by the WSIB. However, we cannot advise you on an issue under appeal or involving a right of appeal. Before writing or calling, try to make an outline of your current concerns.

- What is it you would like the Commission to look into? A delay? A person's behaviour? Communication? An action or inaction? A practice? A policy?
- Tell us WHAT happened. WHO was involved. WHEN it happened. (Note: The Commission can only look into recent potentially unfair practices.)
- Explain how would you like your concern dealt with
- List what steps you took to try to resolve the problem – remember to tell us the name and title of WSIB staff you dealt with
- If you are represented, tell us the representative's name and telephone number and whether your representative can speak to us on your behalf.
- Let us know the best day and time to reach you

Submit complaint by mail or fax:

123 Front St. W

Toronto, ON M5J 2M2

Fax 416-603-3021

Fax Toll-free 1-866-545-5357



Office Use Only Docket Reference # : _____

Are you an: <input type="checkbox"/> Injured Worker	Claim #
<input type="checkbox"/> Employer	Firm #
<input type="checkbox"/> Service Provider	Provider #
Name	Phone:
Address	
May we look at your WSIB file? <input type="checkbox"/> Yes <input type="checkbox"/> No	
May we speak to WSIB staff about your concern? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If represented, what is representative's name?	
Address	
Phone	Fax
May we speak to your representative? <input type="checkbox"/> Yes <input type="checkbox"/> No	
1. What would you like us to look into? <input type="checkbox"/> Delay <input type="checkbox"/> Action/Inaction <input type="checkbox"/> Behaviour <input type="checkbox"/> Communication <input type="checkbox"/> Practice <input type="checkbox"/> Policy <input type="checkbox"/> Other	
2. Why do you believe you have been treated unfairly? How recent is the problem? (See attached Complaint Guide) <i>You may use additional paper</i>	
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? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, what is the decision date? Year: _____ Month: _____ Day: _____	

Signature of Injured Worker/Employer/Service Provider	Date
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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