

PLEASE PRINT CLEARLY OR TYPE.

Personal information you provide to the Alberta Fair Practices Office (FPO) is collected under the authority of section 33(c) of the Freedom of Information and Protection of Privacy Act (FOIP) and is managed in accordance with Part 2 of FOIP. The personal information you provide will be used by the FPO for the purpose of conducting fairness reviews for claims within the workers' compensation system (Workers' Compensation Board - Alberta (WCB), Appeals Commission for Alberta Workers' Compensation (Appeals Commission), and the Medical Panels Office (MPO)), and to provide recommendations as a result of its review.

Your personal information may also be used to contact you to complete a survey and will not be used or disclosed for any other purpose, without your written consent or unless required to do so by law. Should you have any questions pertaining to the collection of your personal information please contact Fair Practices office: Suite 1000, 10th Fl, 10123 – 99th St NW, Edmonton, AB T5J 3H1; info@fpo.alberta.ca or 1-866-427-0115.

I am an: Injured Worker Dependent of Worker Employer

Surname		First Name		Middle Name
Mailing Address			City	Province
Email			Phone	Postal Code
WCB Claim #	Company Name:			Employer Account #: (EMPLOYERS ONLY)

Communication Preference: Email Mail Telephone

What is the best time to contact you? morning afternoon anytime

1. The Fairness Review Branch (FRB) is **only** able to review complaints about:
 - Behavioural fairness – refers to a potential breach of the WCB Code of Rights and Conduct, or how a party was treated, which includes respect, communication and dignity.
 - Procedural fairness – refers to the processes leading up to a decision, which includes timeliness, communication and whether processes are consistent with legislation, regulation and policy or procedure.
2. A fairness review conducted by the FRB **does not** replace an appeal process or change an appeal decision. A fairness review is neutral and impartial, meaning the FRB neither advocates for a complainant or a system partner, nor intervenes in a given situation but considers whether an unfairness has occurred.
3. *The FRB is **not able** to review matters previously investigated by the Alberta Ombudsman nor matters where the Court has taken an action or made a decision.*

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My complaint is about:

- Workers Compensation Board Appeals Commission for Alberta
Workers' Compensation Board Medical Panels Office

Is your complaint about:

Behaviour

Please describe why you feel the actions taken were unfair to you.

Did you contact the supervisor and or manager to discuss your concerns? Y / N

If so, please provide their names and describe the conversation.

Is your complaint about:

Procedure

Please describe why you feel the actions taken were unfair to you.

Do you have a pending appeal to the Dispute Resolution and Decision Review Body (DRDRB) or Appeals Commission specific to this matter(s)? Y / N

If so, please describe the nature of your appeal.

If you have an appeal pending, do you have representation: ? Y / N

The FRB may refuse to review a complaint if it relates to a matter, action or alleged breach of the WCB Code of Conduct which you have known about for more than 24 months. If you submit a complaint after more than 24 months has passed, the FPO will consider the circumstances of your complaint and determine whether to conduct a review.

Is your complaint about a matter which is more than 24 months old? Y / N



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OUTCOME:

The FPO cannot change or set aside a decision or policy made by WCB, Appeals Commission or Medical Panels Office.

Potential outcomes after a fairness review **may** include:

- an apology,
- a written explanation or detailed breakdown of information
- the correction of information (e.g. something that was missed or forgotten),
- addressing a delay,
- going through the decision-making process again,
- improvement to a procedure or process, or
- referral to appropriate resources, as necessary.

Please describe the outcome or result that you seek from a fairness review.

Do you have someone you would like to act as an informal representative for you on this complaint?

Y / N

If so, you will be asked to complete an Informal Representative Consent Form.

Do you have any supplementary documents you would like to submit to our office to support your complaint?

Y / N

Important Note: If the form is incomplete, it may cause a delay in proceeding with assessing your complaint.

Signature

Date

