



1 Portland Street, P.O. Box 160  
Saint John, N.B. E2L 3X9  
Phone 506 632-2200  
Toll-free 1 800 222-9775  
Web worksafenb.ca

## ISSUES RESOLUTION FORM

Name

Claim number (if applicable)

Telephone number

Worker  Employer  Other

Which issue would you like us to review? *(Please provide date of decision letter if you have one)*

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Please state the reason(s) why you disagree with the decision or are dissatisfied with the service *(attach additional sheets if necessary)*

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

Representative name

Representative phone number

I, \_\_\_\_\_ authorize WorkSafeNB to discuss information related to my issue with the representative named above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail, fax or email this request to:

Issues Resolution Office

WorkSafeNB

P.O. Box 160

Saint John, NB E2L 3X9

Fax: 506 642-0720

Email: [iro.brp@ws-ts.nb.ca](mailto:iro.brp@ws-ts.nb.ca)

**For assistance, please contact the Issues Resolution Office at 506 738-4317 or toll-free at 1 800 222-9775.**