

CANADIAN INJURED WORKERS SOCIETY
Form for Injured Workers' Stories

***** The CIWS is no longer accepting story submissions*****

The following form is to help you organize your story and to help us get the information we need.

- You do NOT need to fill out every box, but any information you can give us will be of help.
- This information will be used anonymously to help us compile a list of problems that injured workers face with workers compensation boards across Canada.

YOUR PERSONAL INFORMATION WILL BE KEPT PRIVATE
Thank you for taking the time to tell us your story.

Please fill out as much of the form as you want, and send it to:
The Canadian Injured Workers Society

address removed for archive

Or Email it to: **removed for archive**

- If you need to expand your story, please write on the backs of the pages.
- **Your name and other private information will not be revealed without your permission.**
- Wherever the word 'WCB' is used below, it refers to the workers compensation system in your province.

Your Name: _____

Phone: _____

Fax: _____

Email: _____

Date of workplace injury: _____

Province of workplace injury: _____

Province you live in now: _____

How long have you been involved with WCB? _____

Who is your MPP/MLA? _____

Who is your Minister responsible for WCB? _____

Did you notify any politicians about your dissatisfaction with WCB? If so, who, and how did they respond?

Helpful or not, will you actively campaign for/against these people in the next election?

BRIEFLY describe your workplace injury/disease.

(The questions below will help you fill out the details)

Who was your employer at the time of the accident?

Did your employer send the accident form to WCB?

Were there any witnesses?

MEDICAL:

If you were told by WCB that you had a pre-existing injury/disease, please explain why you disagree.

Did you feel that any of your medical evaluations were rushed, incomplete or inaccurate in anyway?

Do you think that ALL your medical information was made available to you?

Do you think that you have signed/authorized your personal information for someone else's purposes and not your own?

Do you think that your injury was worsened by being forced back to work too soon (or to inappropriate work)?

WCB DECISION:

Were your benefits denied? Were they inadequate? Were they decreased? Were they cut off permanently?

Did you receive a Non Economic Loss Percentage? Was this a fair decision? _____

What kind of representation did you have? Were you satisfied with their representation? _____

What kind of representation did your Employer have? _____

Did WCB make you feel as though you had to prove your case to them? (Injured workers have presumptive status)

Do you think your appeal(s) was (were) handled fairly and quickly? If not, why? _____

If your appeal decision was in your favour, did WCB comply with that decision? _____

How many appeals have you gone through? _____

WCB WRONGDOING:

Do you KNOW if your Employer or your WCB has participated in any misconduct with regards to your claim? Please explain if you think you were treated in any of the following ways:

Do you think you were exposed to any kind of harassment or intimidation? Please explain.

Do you think you were discriminated against? Please explain. _____

Were there any irregularities with your files such as:

Was there any fabrication of evidence (i.e. information that seemed as if it was just 'made up' by someone)?

Were there any false statements put into your files? _____

Were there any facts that were left out, lost or deleted from your files? _____

Can you prove misconduct with documentation? _____

Would you be willing to submit your documentation to a court or to an inquiry if one were held?

If so, please give us some way of contacting you: _____

DAMAGES:

Were you forced to move from your community? _____

Were you no longer able to meet your mortgage payments or your rent? _____

Have you applied for Bankruptcy as a result of your ongoing claim? _____

Was your marriage or partnership affected by your experience with WCB? _____

Have your children been affected? How many children do you have? _____

Have you applied for CPP Disability? _____

Are you in receipt of CPP Disability benefits? _____

Do you qualify for the Disability Tax Credit, but aren't getting it? _____

Have you applied for Welfare? _____

Have you used food banks? _____

Does your extended family help with finances? _____

Do you feel as though all your resources have been exhausted and you have no where to turn?

Have you had any stress related conditions you attribute to WCBs handling of your claim?
(Example; depression)

Have any of these stress related conditions been diagnosed? _____

Do you feel that WCB procedures/policies have had an affect on your health and well-being?

Do you feel that the government's arm's-length position on WCB procedures/policies has had an effect on your health and well-being?

Is there any other information you want to tell us? _____

Would you consider allowing the Canadian Injured Workers Society to post your story (or parts of it) on the internet? (This could be done anonymously and we will get your written permission)

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Please make a copy of this completed form for your records and submit to:

The Canadian Injured Workers Society

address removed for archive

Or Email it to: **removed for archive**

THANK YOU!

FOR TAKING THE TIME TO TELL US YOUR STORY
