IHSA.ca
Work Safe for Life

NCSO Complaints/Appeal Form

Please provide the following information if you are submitting a complaint or appealling a decision regarding your ncso application.

4

Applicant Name _____

Company Name _____

WSIB Firm # _____ Account # _____

Address _____

City _____ Province _____ Postal Code _____

Phone _____ Fax _____

Email _____

To issue a complaint or to appeal a decision, this form must be completed and submitted to the NCSO Administrator within 10 working days by e-mail

Please provide details on the nature of complaint/appeal

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____