## ProvMB Logo_clr

## MANITOBA LABOUR BOARD

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**FORM 2: Appeal from a Decision of Director**

## THE WORKPLACE SAFETY & HEALTH ACT

**Name of Appellant** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address and Phone Number of Appellant** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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If Appellant is a Corporation, Union, etc., Name Contact Person and Address if Different From Above \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Status of Appellant and How Interested (i.e. Employer, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Date and Brief Details of Improvement Order (Copy of Order Must be Attached) \_\_\_\_\_\_\_\_**

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 **Date and Brief Details of Directors Decision Being Appealed (Copy Must be Attached) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Concise Statement of Substance of Appeal (Attach if Lengthy) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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##### Details of Relief Sought (i.e. Suspension, Amend or Rescind. Explain Please) \_\_\_\_\_\_\_\_\_

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**Other Persons or Parties Who May be Interested**

**(Names, Addresses, etc.) (Attach List if Insufficient Room)**

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#####  Signature of Appellant

(Revised May, 2016)