



Questions?

Toronto: (416) 326-0978

Outside Toronto: 1-800-753-3895

Fax: (416) 326-5135

Mail to: Registrar Social Benefits Tribunal 1075 Bay Street, 7th Floor Toronto ON M5S 2B1

Please attach copies of the following to this form:

- the original Notice of Decision
your request for an internal review and
the Internal review decision (if you received one).

Disponible en français.

Before you can appeal to the Tribunal, you must request an internal review by the office that made the original decision.

1. General Information

Mr Mrs Ms Miss

Last Name

First Name

Address

Apartment

City Postal Code

Telephone ( )

When were you born?

Day / Month / Year

Which Ontario Works or Ontario Disability office do you deal with?

Office name

Office address

Case worker's name

Case worker's telephone ( )

2. Internal Review

What is the date of your Notice of Decision?

Day / Month / Year

When did you make your request for an internal review?

Day / Month / Year

Did you receive an internal review decision?

Yes

No

Office Use Only
File number
Date post-marked





