



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 _____

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

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

Date and Brief Details of Improvement Order (Copy of Order Must be Attached) _____

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

Concise Statement of Substance of Appeal (Attach if Lengthy) _____

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

Other Persons or Parties Who May be Interested

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

Signature of Appellant