OSSTF/FEESO

WSIB Fact Reporting Form

Worker's Name: _____ Claim#: _____

Accident Date: _____

Worker's Address: _____

Street name and number City Postal Code

Telephone # Home: _____ Work: _____

Name of your Union Representative: _____

District Name & #: _____ Bargaining Unit: _____

Workplace Location: _____

Birth Date: _____

Day Month Year

Family Doctor: _____

Address: _____

Street name and number City Postal Code

Specialist: _____

Address: _____

Street name and number City Postal Code

Description of Accident/Incident: _____

_____

_____

Witnesses: _____

Return to Work Approved by Physician? Yes ☐ No ☐

Restrictions? Please list: _____

_____

_____

Ontario Secondary School Teachers' Federation
Fédération des enseignantes-enseignants des écoles secondaires de l'Ontario
60 Mobile Drive, Toronto, Ontario M4A 2P3
TEL 416.751.8300
TEL 1.800.267.7867
FAX 416.751.3394
www.osstf.on.ca