

2679 Howard Avenue, Suite 515, Windsor, ON N8X 3X2 • T 519-971-7777 • F 519-970-9844

## **CASE EVALUATION**

Name :	
Phone Numbers : 1	2
E-mail address :	
Accident Employer :	
Job Title :	
	of work?
Hourly wage :	Average # of hours worked per week :
Area of injury : (check all that apply)	backhand/wrist psychological neck knee occupational disease shoulder head other
Do you currently have rep	presentation? If so, whom?
Did you receive any WSI	B benefits? How much weekly?
Are you currently receivin (check all that apply)	Sick & Accident benefits Employment & Insurance benefits Wage Loss Insurance benefits Social Assistance Other benefits (please specify)
Have you protected your	right to appeal WSIB's decision in writing?
If so, on what date?	If not, do so now.
Tell me about the current	problem your are experiencing with WSIB in 100 words or less:

I believe that every worker has the right to fair treatment, and an understanding and compassionate representative. I am that representative. If you or someone in your family has been injured at work, don't wait. Give me a call, or complete the attached Case Evaluation form and return by reply e-mail, fax or mail it to me. Let's meet for your free evaluation. It's time you had someone on your side.

Lomazzo Worker's Compensation Appeals Professional Corporation 2679 Howard Avenue Windsor, ON N8X 3X2

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