ONTARIO LABOUR RELATIONS BOARD

**Application for Review**

*Digital Platform Workers’ Rights Act, 2022*

## Form A-153

* Review Information Bulletin No. 38 – “Applications for Review under the *Digital Platform Workers’ Rights Act, 2022*” (“DWPRA”), the Filing Guide and the Board’s Rules of Procedure on acceptable methods of delivery **before** completing this form to avoid any delay in processing.
* All forms, Notices, Information Bulletins, the Filing Guide and the Rules of Procedure may be obtained from the Board’s website (<http://www.olrb.gov.on.ca>).
* Keep a copy of your completed form and any attachments as the Board will not return them to you.
* You may e-file this form by attaching it to a Form A-108.
* If there is insufficient space on the form, attach additional pages clearly identifying the relevant section of the form.

**Select at least one of the following:**

**Part A Who is Applying for Review?**

I am a **WORKER** who objects to and seeks review of a Compliance Officer’s Order or refusal to issue an Order.

I am an **OPERATOR** who objects to and seeks review of a Compliance Officer’s Order.

This form will **NOT** be processed unless you certify, in Part E below, that payment has been made to the Director of Digital Platform Work (who will hold the money in trust until the matter is determined by the Board) or an irrevocable letter of credit has been provided to the Director of Digital Platform Work.

I am a **DIRECTOR** of an operator corporation who objects to and seeks review of a Compliance Officer's Order made against me personally.

Applying for a review of an Order against a Director will **NOT** be processed as an application for review of an Order against an Operator. If you are also applying for review of an Order against an Operator, you must also select that option and certify that payment has been made to the Director of Digital Platform Work.

I am a **PERSON** who objects to and seeks review of a **Notice of Contravention** issued against me.

**Part B Contact Information**

## Instructions

* Provide contact information for the parties identified below. If you wish to add additional parties, attach a separate page with the additional parties.
* If a party is an organization, provide the name and contact information of an individual who will be able to respond on behalf of that organization. When adding multiple individuals at the same organization, attach a separate page with the additional contacts.

|  |  |
| --- | --- |
| **1 (a). Party Applying for Review**  |  |

You must notify the Ontario Labour Relations Board **immediately** of any change in your address, phone number, fax number or email address. **If you fail to notify the Board of any changes, correspondence sent to your last known address or email address may be deemed to be reasonable notice to you and the application may proceed in your absence**.

## Applicant 1

Type Organization Individual Organization Name

|  |  |  |
| --- | --- | --- |
| First Name | Last Name | Position/Title |
| Full Address (Number, Street, Unit/Apartment, Building Name) | Other Address Details (e.g. PO Box, R.R. #, c/o) |
| City/Town | Province/State | Country | Postal/Zip Code |
| Telephone Number Ext. | Fax Number | Email Address |

Additional Contact Information, if any (Assistant's Email Address, Alternate Telephone Numbers)

|  |  |
| --- | --- |
| **1 (b). Representative/Contact Person for the Party Filing the Application for Review**  |  |
| **[ ] Lawyer [ ] Paralegal** Organization Name

|  |  |  |
| --- | --- | --- |
| First Name | Last Name | Position/Title |
| Full Address (Number, Street, Unit/Apartment, Building Name) | Other Address Details (e.g. PO Box, R.R. #, c/o) |
| City/Town  | Province/State  | Country  | Postal/Zip Code  |
| Telephone Number Ext. | Fax Number  | Email Address  |

 Additional Contact Information, if any (Assistant's Email Address, Alternate Telephone Numbers) |  |
| **2 (a). Other Workplace Party/Parties** |  |

If you are a **WORKER**, provide contact information for the operator(s).

If you are an **OPERATOR**, provide contact information for each affected worker/claimant.

If you are a **DIRECTOR** of an operator corporation, provide contact information for each operator, affected worker/claimant and all of the other directors.

## Party 1

Type Organization Individual Organization Name

|  |  |  |
| --- | --- | --- |
| First Name | Last Name | Position/Title |
| Full Address (Number, Street, Unit/Apartment, Building Name) | Other Address Details (e.g. PO Box, R.R. #, c/o) |
| City/Town | Province/State | Country | Postal/Zip Code |
| Telephone Number Ext. | Fax Number | Email Address |

Additional Contact Information, if any (Assistant's Email Address, Alternate Telephone Numbers)

|  |  |
| --- | --- |
| **2 (b). Representative/Contact Person for the Other Workplace Party/Parties, if known** |  |
| **[ ] Lawyer [ ] Paralegal**Organization Name

|  |  |  |
| --- | --- | --- |
| First Name | Last Name | Position/Title |
| Full Address (Number, Street, Unit/Apartment, Building Name) | Other Address Details (e.g. PO Box, R.R. #, c/o) |
| City/Town  | Province/State  | Country  | Postal/Zip Code  |
| Telephone Number Ext. | Fax Number  | Email Address  |

 Additional Contact Information, if any (Assistant's Email Address, Alternate Telephone Numbers) |  |

**Note:** The Director of Digital Platform Work is a party to every application for review. You do not need to provide the Director’s contact information, although you must deliver the application to the Director. Refer to Documents to be Delivered section at the end of this form.

**Part C Identification of Order To Be Reviewed**

1. **EPB File Number (or ES Number):**
2. **I am seeking review of:**

**Order/Notice Number(s):**

List all orders you are seeking to review.

**OR**

**A refusal to issue an Order**

1. **I am attaching the following documents with this application:**

(check all that apply)

A copy of the Compliance Officer’s Reasons for Decision

A copy of the Order(s)

A copy of the Compliance Officer’s letter advising the worker of the Order

A copy of the Compliance Officer’s letter advising of the refusal to issue an Order

A copy of the Notice(s) of Contravention

A copy of proof of payment to the Director of Digital Platform Work

**If there are relevant documents listed above that you are not attaching, provide an explanation as to why the documents are not attached:**

**Part D Timeliness**

1. **Date of Service of Order/Notice/Letter** (as applicable)**:**
2. **This application for review:**

**is is not**

being filed within 30 calendar days after the day on which the Order, Notice, Letter advising of the Order, or Letter advising of the refusal to issue an Order, as the case may be, was served or was deemed to have been served.

**If your application is being filed after the 30 calendar day time limit, state all of your reasons why an extension of time should be granted by the Board:**

If you require more space, attach a separate document.

**Part E Proof of Payment**

Complete this section only if you are an **OPERATOR** applying for review.

**Your application will not be processed without a copy of your proof of payment to the Director of Digital Platform Work.**

1. **Select from the following:**
	1. **If you are applying to review an Order to Pay (s. 33 of the DPWRA):**

I certify that I have paid the full amount owing under the Order to the Director of Digital Platform Work in trust or provided the Director with an irrevocable letter of credit acceptable to the Director in that amount. A copy of proof of payment is attached.

**AND/OR**

* 1. **If you are applying to review an Order for Compensation and/or Reinstatement (s. 34 of the DPWRA):**

I certify that I have paid the amount owing under the Order or $10,000 (whichever is less) to the Director of Digital Platform Work in trust or provided the Director with an irrevocable letter of credit acceptable to the Director in that amount. A copy of proof of payment is attached.

**Part F Remedy Requested and Material Facts**

**Note:** The Board **does not** review the conduct of and/or investigation by the Compliance Officer in coming to its decision. The Board starts its hearing with a “clean slate” in order to make its determination.

1. **What remedies are you asking the Ontario Labour Relations Board to order?**

If you require more space, attach a separate document.

1. **In support of this request, what material facts are you relying on?**

Include a detailed statement of the facts and events upon which you rely to support your position. If you require more space, attach a separate page.

1. **Attached documents:**

Provide a list of the documents you are filing together with this form as instructed below. Name your documents/attachments so that they are easily identifiable.

Provide the numbered list of documents in the box below.

**Documents**

**IMPORTANT NOTES**

The Board’s forms, Notices, Information Bulletins, Rules of Procedure and Filing Guide may be obtained from its website [http://www.olrb.gov.on.ca](http://www.olrb.gov.on.ca/) or by calling 416-326-7500 or toll-free at 1-877-339-3335.

# FRENCH OR ENGLISH

Vous avez le droit de communiquer et recevoir des services en français et en anglais. La Commission n’offre pas de services d’interprétation dans les langues autres que le français et l’anglais.

You have the right to communicate and receive services in either English or French. The Board does not provide translation services in languages other than English or French.

# CHANGE OF CONTACT INFORMATION

Notify the Board immediately of any change in your contact information. If you fail to do so, correspondence sent to your last known address (including email) may be deemed to be reasonable notice to you and the case may proceed in your absence.

# ACCESSIBILITY AND ACCOMMODATION

The Board is committed to providing an inclusive and accessible environment in which all members of the public have equitable access to our services. We will aim to meet our obligations under the *Accessibility for Ontarians with Disabilities Act* in a timely manner. Please advise the Board if you require any accommodation to meet your individual needs. The Board’s Accessibility Policy can be found on its website.

**COLLECTION AND DISCLOSURE OF INFORMATION AND DOCUMENTS**

Any relevant information that you provide to the Board must in the normal course be provided to the other parties to the proceeding. Personal information collected on this form and in written or oral submissions may be used and disclosed for the proper administration of the Board’s governing legislation and case processing. In addition, the *Tribunal Adjudicative Records Act, 2019* requires that the Board make adjudicative records (which include applications filed and a listing of such applications) available to the public. The Board has the power to make part or all of an adjudicative record confidential. The *Freedom of Information and Protection of Privacy Act* may also address the treatment of personal information. More information is available on the Board’s website [www.olrb.gov.on.ca](http://www.olrb.gov.on.ca/). If you have any questions concerning the collection of information or disclosure of adjudicative records, contact the Solicitors’ Office at the number listed above or in writing to the OLRB, 505 University Ave., 2nd floor, Toronto, ON M5G 2P1.

# E-FILING AND E-MAIL

The Rules of Procedure and Filing Guide set out the permitted methods of filing. **In the event of emergencies or other circumstances, the Board may post a Notice to Community on its website, which will prevail over the Rules of Procedure and Filing Guide. You should check the Board’s website prior to filing.** Note that the efiling system is not encrypted. Contact the Client Services Coordinator at the numbers listed above if you have questions regarding e-filing or other filing methods. If you provide an e-mail address with your contact information, the Board will in most cases communicate with you by e-mail from an out-going only generic account. Incoming emails are not permitted.

# HEARINGS AND DECISIONS

Hearings are open to the public unless the Board decides that matters involving public security may be disclosed or if it believes that disclosure of financial or personal matters would be damaging to any of the parties. Hearings are not recorded and no transcripts are produced.

The Board issues written decisions, which may include the name and personal information about persons appearing before it. Decisions are available to the public from a variety of sources including the Ontario Workplace Tribunals Library and [www.canlii.org.](http://www.canlii.org/) Some summaries and decisions may be found on the Board’s website.

**Documents to be Delivered**

Before filing your Application for Review with the Board, you must deliver it, including all documents you are filing with the form, to each party named in Part B of this application **and** to the Director of Digital Platform Work.

Delivery may be made to the Director of Digital Platform Work by one of the following methods:

**REGULAR MAIL OR HAND DELIVERY:**

Director of Digital Platform Work

Employment Practices Branch

Ministry of Labour, Immigration, Training and Skills Development

400 University Avenue, 9th Floor Toronto, ON M7A 1T7

**EMAIL:** appforreview.directorofDPW@ontario.ca

**OR FAX:** 1-855-251-5025

**Note to each party listed in Part B of this application:** The documents listed above should have been delivered to you by the Applicant.

**Once the above-listed documents have been delivered to the other parties, you have five days to complete the following Certificate of Delivery and file the completed form and attachments with the Board.**

I have reviewed this form to confirm it is complete

Date (yyyy/mm/dd)

**Certificate of Delivery**

I, ,

Name

,

Title

certify that the documents identified above were delivered to each of the parties as set out below:

**Note: You must complete delivery information for each party separately.**

**Delivered to: the Director of Digital Platform Work**

Name of organization (if applicable) and name and title of person to whom the documents were delivered

Address or fax number to which the documents were delivered

**Method of delivery**

Hand Delivered

Courier

Fax

Regular Mail

Other

**Hand Delivery Details:** 400 University Avenue, 9th Floor, Toronto, ON M7A 1T7

Delivered on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, at : a.m. OR p.m.

**Courier Details:** 400 University Avenue, 9th Floor, Toronto, ON M7A 1T7

The documents were given to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and I was advised that they would be delivered no later than \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , at : a.m. OR p.m.

**Fax Details:** 1-855-251-5025

The documents were delivered by fax on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, at : a.m. OR p.m.

**Email Details:** appforreview.directorofDPW@ontario.ca

The documents were sent by email on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, at : a.m. OR p.m.

**Do you also certify that this application was delivered to other workplace parties named in Part B?** YES OR NO

**You must complete delivery information for each party separately.**

**Note: You must have a party’s consent to deliver the application by email.**

**Delivered to:**

Name of organization (if applicable) and name and title of person to whom the documents were delivered:

**Address or fax number to which the documents were delivered:**

**Method of delivery**

Hand Delivered

Courier

Fax

Regular Mail

Other

**Hand Delivery Details:**

Delivered on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, at : a.m. OR p.m.

**Courier Details:**

The documents were given to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and I was advised that they would be delivered no later than \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , at : a.m. OR p.m.

**Fax Details:**

The documents were delivered by fax on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, at : a.m. OR p.m.

**Regular Mail Details:**

The documents were sent by regular mail on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, at : a.m. OR p.m.

**Other Details:**

The documents were sent by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, at : a.m. OR p.m.

**Delivered to:**

Name of organization (if applicable) and name and title of person to whom the documents were delivered:

**Address or fax number to which the documents were delivered:**

**Method of delivery**

Hand Delivered

Courier

Fax

Regular Mail

Other

**Hand Delivery Details:**

Delivered on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, at : a.m. OR p.m.

**Courier Details:**

The documents were given to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and I was advised that they would be delivered no later than \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , at : a.m. OR p.m.

**Fax Details:**

The documents were delivered by fax on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, at : a.m. OR p.m.

**Regular Mail Details:**

The documents were sent by regular mail on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, at : a.m. OR p.m.

**Other Details:**

The documents were sent by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, at : a.m. OR p.m.

**File with the Board**

* File the completed form and any attachments using a method permitted by the Board’s Rules of Procedure.
* Save and Print a copy of your completed form and all attachments as the Board will not return them to you.