



Form 1

Complaint Form

BEFORE you start, please read:

1. A copy of your complaint as well as any supporting documentation will be forwarded to all parties. At the end of this form, you will be required to read and sign a declaration stating that you understand how information you provide in the context of this complaint will be treated by the FPSLREB (the Board).
2. If you choose to include personal, confidential or medical information with your complaint or in attachments, be advised that all the information and supporting documents received will be forwarded to all parties to the complaint as required under section 14 of the [Public Service Staffing Complaints Regulations](#) (Regulations).
3. Board decisions are publicly posted on this Web site and include the names of the parties and witnesses as well as all relevant information.
4. Complete all parts of this form. If your form is not complete, this may slow down the processing of your complaint.

Your contact information

Salutation Mr. Mrs. Ms.

*First Name

*Last Name

Notice: The Board communicates with parties through email unless the person does not have access to email. Its Regulations state that you must provide an address that can be disclosed to all the parties. If you do not have an email address at work, you may provide another email address. That email address will be shared with the other parties to the complaint.

Please indicate your **work** address:

Address Line 1

Address Line 2

City

Province

If Province is "Other", enter principal administrative division here (State/Province/County etc..)

Country

Postal Code

If Country is "Other", Enter Country here

Phone number
(e.g. 999-999-9999 ext.xxxxx)

Facsimile, if any
(e.g. 999-999-9999)

Work or other email address that may be disclosed to all parties

Current Department or Agency

Your Group and level

If you do not have access to an email address, please check here:

All correspondence will be sent to the work address you have provided unless you provide us with an alternative mailing address.

Alternate civic address and email address:

Information about your representative (if applicable)

Notice: You must immediately advise your representative that you have filed this complaint.

Position

Union Lawyer Self Other

Person/Organization, Law Firm

Name of PSAC Component (if applicable)

Name of Other Unions - Not PSAC (if applicable)

Salutation

Mr. Mrs. Ms.

First Name

Last Name

Address Line 1

Address Line 2

City

Province

Country

Postal Code

If Province is "Other", enter principal administrative division here (State/Province/County etc..)

If Country is "Other", Enter Country here

Work phone number
(e.g. 999-999-9999
ext.xxxxx)

Other Phone
(e.g. 999-999-999
ext.xxxxx)

Facsimile, if any
(i.e. 999-999-9999)

Email

Information about the type of complaint you are filing

Please complete one of the following sections (A, B, C or D), depending on the type of complaint you are filing

Section A - Internal Appointment Complaint (s. 77)

Please identify the applicable sub-sections

77(1)(a) Abuse of authority in the application of merit

Advertised appointment process

Non-advertised appointment process

77(1)(b) Abuse of authority in the choice of process

Advertised appointment process

Non-advertised appointment process

77(1)(c) Failure to assess the complainant in the official language of his or her choice

Involved Department or Agency

Date of notice of appointment or proposed appointment that is the subject of your complaint (dd/mm/yyyy)

Selection Process
Number

Title of the Position

Group and level of the
position

Section B - Lay-off Complaint (s. 65)

Involved Department or Agency

Abuse of authority in your selection for lay-off

Date of notice of letter or notice you received
advising of the lay-off (dd/mm/yyyy)

Selection Process Number or identifier, if any

Section C - Revocation of your Appointment (s. 74)

Involved Department or Agency

Revocation was unreasonable

Date of notice of letter or notice you received
indicating that your appointment was revoked
(dd/mm/yyyy)

Selection Process Number or identifier, if any

Section D - Failure of Corrective Action ordered by the Tribunal (s. 83)

Involved Department or Agency

Abuse of authority in the implementation of corrective action ordered by the Tribunal

Date of notice of letter of the appointment or proposed appointment that was made as a result of the implementation of corrective action ordered by the Board (dd/mm/yyyy)

Name or number of the case where the corrective action was ordered (e.g.EMP-2014-0000)

Selection Process Number

Title of the Position

Group and level of the position

FOR ALL TYPES OF COMPLAINTS

English

French

Please provide a full, factual description of the events, circumstances or actions giving rise to the complaint.

Checklist of documents you need to send to the Board

Ensure you have in your possession and that you email to director.directeur@fpsl-reb-crtespf.gc.ca or fax to 613-949-6551 as soon as possible a copy of:

1. For a complaint under section 77: The Notice of Appointment or Proposed Appointment or the Information regarding the Acting Appointment.
2. For a complaint under section 65: The deputy head's letter telling you that you will be laid off or that your position is considered surplus.
3. For a complaint under section 74: The deputy head's letter telling you that your appointment has been revoked.

Before submitting your complaint

1. Ensure you have completed all the sections of the form.
2. Ensure that you have not included any personal, confidential or medical information concerning yourself or someone else on your form or in any attachments.
3. **If you choose to include personal, confidential or medical information with your complaint or in attachments, be advised that all the information and supporting documents received will be forwarded to all parties to the complaint as required under section 14 of the Regulations.** In the case of lay-off complaints, this may involve several hundred individuals.
4. If you have raised an issue of discrimination under the *Canadian Human Rights Act*, you need to print, complete and send [Form 5](#) to the Canadian Human Rights Commission and to the Board.

Declaration and Signature

I understand that the information provided in this form and any supporting documents will be provided to all the parties to this complaint.

I understand that information about my complaint can become public at a hearing or in a written decision posted on the Board's Web site.

*Signature Date (dd/mm/yyyy)

*Please check this box if you are filing your complaint electronically. This represents your signature. You must fill out the date, above.