



Form 10
Notice of Withdrawal
Subs. 26(2), PSST Regulations

File no.: _____
For office use only

Please note:

1. For information regarding the complaint process, consult your union representative, HR specialist or the PSST web site at: www.psst-tdfp.gc.ca.
2. The addresses you provide will be disclosed to other parties to the complaint. (A business address is preferable.)
3. A copy of your notice of withdrawal will be forwarded to the other parties, intervenors, if any, and the Canadian Human Rights Commission, if applicable. [subs. 26(3)]

Complainant Information

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Last name			
First Name		Middle name(s)		
Mailing address (see Note 2 above)		City	Province	Postal code
Work phone no.		Facsimile		
Department or Agency		Branch/Sector		
Work location		Position title and classification		
E-mail address				

Information about representative (if applicable)

<input type="checkbox"/> Union <input type="checkbox"/> Lawyer <input type="checkbox"/> Other	Name of organization			
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Last name			
First Name		Middle name(s)		
Mailing address		City	Province	Postal code
Work phone no.		Cell phone no.		
E-mail address		Facsimile		

Withdrawal of the complaint

PSST file no.:

Please provide a statement indicating that you wish to withdraw your complaint.

Example: I hereby withdraw the above-mentioned complaint.

Signature

Date

Send completed form to:

Executive Director
Public Service Staffing Tribunal
240 Sparks Street, 6th Floor West
Ottawa ON K1A 0A5

Facsimile: (613) 949-6551
E-mail: Director.directeur@psst-tdfp.gc.ca