



Form 1  
**Complaint Form**  
S. 11, 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](http://www.psst-tdfp.gc.ca).
2. If you choose to be represented during the complaint process, it is your responsibility to advise your representative as soon as possible that you have filed a complaint.
3. The addresses you provide will be disclosed to **all** parties to the complaint. (A business address is therefore preferable.)
4. A copy of the complaint **as well as any supporting documentation** will be forwarded to **all** parties.
5. If you wish to raise an issue involving the interpretation or application of the *Canadian Human Rights Act*, you must give notice to the Canadian Human Rights Commission. You may use Form 5 for this purpose.
6. A copy of any documentation related to your complaint should be attached to this form. (e.g. the staffing advertisement and notification for an internal appointment, the deputy head's letter in the case of a lay-off, etc.)

### Type of Complaint

- |                                                                                            |                                                               |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Internal appointment (s. 77)                                      | <input type="checkbox"/> Revocation of appointment (s. 74)    |
| <input type="checkbox"/> Advertised or <input type="checkbox"/> Non-advertised             | <input type="checkbox"/> Failure of corrective action (s. 83) |
| <input type="checkbox"/> Abuse of authority in the application of merit                    | <input type="checkbox"/> Lay-off (s. 65)                      |
| <input type="checkbox"/> Abuse of authority in the choice of process                       |                                                               |
| <input type="checkbox"/> Failure to assess the candidate in the language of his/her choice |                                                               |

### 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 3 above)		City	Province	Postal code
Work phone no.		Facsimile		
Department or Agency		Branch/Sector		
Current 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	Name of PSAC Component (if applicable)		
<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		

## Information about the complaint

Date of notice of lay-off, revocation, appointment or proposed appointment giving rise to the complaint	
Name or organization (subject of complaint)	
Position title and classification	Reference no.
Area of selection (internal appointment only)	Language of choice for Tribunal proceedings <input type="checkbox"/> English <input type="checkbox"/> French
Signature	Date
<p>Please provide a full, factual description of the events, circumstances or actions giving rise to the complaint. If necessary, attach additional pages. Failure to provide sufficient information may delay the processing of the complaint unnecessarily. Do <b>NOT</b> include confidential medical information with your complaint.</p>	

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](mailto:Director.directeur@psst-tdfp.gc.ca)