



Form 2
Names and Addresses of Parties
 S. 13, PSST Regulations

File no.: _____
 For office use only

Please provide the full names and addresses, including e-mail address, of the parties to the complaint referred to below. If necessary, add additional pages.

PSST File No.:				
Name	Mailing address (Work)	Phone no.	Fax no.	E-mail address
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