



Form 7
Allegations
Subs. 22(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. You must provide a copy of your allegations to the other parties, intervenors, if any, and the Canadian Human Rights Commission, if applicable. [subs. 22(1)]
4. If you wish to raise an issue involving the interpretation or application of the *Canadian Human Rights Act*, you must give notice to the CHRC. You may use Form 5 for this purpose.

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	Country	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		

Information about the complaint

PSST file no.:

Please provide a detailed description of the allegations and facts on which your complaint is based.
Add additional pages, if necessary.

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