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Form 1 – Notice of Complaint

S. 11, PSST Regulations

Please note:

- For information regarding the complaint process, consult your union representative, HR specialist or the PSST web site at: www.psst-tdfp.gc.ca.
- The addresses you provide will be disclosed to other parties to the complaint.
- A copy of the complaint will be forwarded to the other parties.
- 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.
- 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 process	<input type="checkbox"/> Failure of corrective action (s. 83)
<input type="checkbox"/> Non-advertised process	<input type="checkbox"/> Lay-off (s. 65)

Complainant Information

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Last name	
First Name		Middle name(s)
Mailing address		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		
Work phone no. () -		Cell phone no. () -
E-mail address		Facsimile () -

Complainant Information

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Last name		
First Name		Middle name(s)	
Mailing address			Postal code
Home phone no. () -		Cell phone no. () -	