



**Form 23**  
*(Paragraph 89(1)(c))*

**NOTICE OF REFERENCE TO ADJUDICATION OF A POLICY GRIEVANCE**

*Public Service Labour Relations Act*

- NOTICE:** (1) The original and one copy of this notice must be filed with the Executive Director of the Board.
- (2) Two copies of the original policy grievance must be attached.
- (3) It is your responsibility to inform the Board of any changes to your mailing address or telephone number.
- (4) The party to a policy grievance who raises an issue involving the interpretation or application of the *Canadian Human Rights Act* within the context of a request for arbitration of the policy grievance must give notice of the issue with the Canadian Human Rights Commission by using Form 24.

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**1. Information of the party referring the policy grievance to adjudication:**

Name: \_\_\_\_\_

Mailing address:

Apartment (if applicable): \_\_\_\_\_ Number and street: \_\_\_\_\_

City: \_\_\_\_\_ Province or Territory: \_\_\_\_\_ Postal code: \_\_\_\_\_

Name of authorized representative:

\_\_\_\_\_

Mailing address (if different from above):

Apartment (if applicable): \_\_\_\_\_ Number and street: \_\_\_\_\_

City: \_\_\_\_\_ Province or Territory: \_\_\_\_\_ Postal code: \_\_\_\_\_

Telephone number: (\_\_\_\_) \_\_\_\_\_ Fax number: (\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_

**2. Name of the other party to the grievance:**

\_\_\_\_\_

**3. Description of the bargaining unit:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Where information on more than one person is required in a section or the space provided is not sufficient, please attach additional pages of same-sized paper.**

**4. Hearing location requested:**

\_\_\_\_\_

**5. Date on which the policy grievance was presented to the other party:**

\_\_\_\_\_ (dd/mm/yyyy)

**6. Date on which the other party provided a decision to the policy grievance (if applicable):**

\_\_\_\_\_ (dd/mm/yyyy)

**7. Term of the collective agreement or arbitral award relating to the policy grievance:**

from \_\_\_\_\_ to \_\_\_\_\_  
(dd/mm/yyyy) (dd/mm/yyyy)

**8. Provision of the collective agreement or arbitral award that is the subject of the policy grievance:**

\_\_\_\_\_

*Complete section 9 only if an adjudicator is named in the collective agreement.*

**9. Adjudicator information:**

Name: \_\_\_\_\_

Mailing address:

Apartment (if applicable): \_\_\_\_\_ Number and street: \_\_\_\_\_

City: \_\_\_\_\_ Province or Territory: \_\_\_\_\_ Postal code: \_\_\_\_\_

Telephone number: (\_\_\_\_) \_\_\_\_\_ Fax number: (\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_

*Complete section 10 only if the parties have selected an adjudicator.*

**10. Adjudicator information:**

Name: \_\_\_\_\_

Mailing address:

Apartment (if applicable): \_\_\_\_\_ Number and street: \_\_\_\_\_

City: \_\_\_\_\_ Province or Territory: \_\_\_\_\_ Postal code: \_\_\_\_\_

Telephone number: (\_\_\_\_) \_\_\_\_\_ Fax number: (\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Where information on more than one person is required in a section or the space provided is not sufficient, please attach additional pages of same-sized paper.**

Complete section 11 only if you request that a board of adjudication be established.

**11. Information on the person nominated as a member of the board of adjudication:**

Name: \_\_\_\_\_

Mailing address:

Apartment (if applicable): \_\_\_\_\_ Number and street: \_\_\_\_\_

City: \_\_\_\_\_ Province or Territory: \_\_\_\_\_ Postal code: \_\_\_\_\_

Telephone number: (\_\_\_\_) \_\_\_\_\_ Fax number: (\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_

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I, the undersigned, duly authorized representative of the party referring the policy grievance to adjudication, hereby file this *Notice of Reference to Adjudication of a Policy Grievance*.

Date: \_\_\_\_\_  
(dd/mm/yyyy)

\_\_\_\_\_  
(Signature of authorized representative)

\_\_\_\_\_  
(Office held with the party referring the policy grievance to adjudication)

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**Where information on more than one person is required in a section or the space provided is not sufficient, please attach additional pages of same-sized paper.**