

**Form 21**

*Subparagraph 89(1)(a)(ii)  
of the Federal Public Sector Labour Relations Regulations*

**NOTICE OF REFERENCE TO ADJUDICATION OF AN INDIVIDUAL  
GRIEVANCE**

**Termination, demotion, suspension, financial penalty or deployment**

*Federal Public Sector Labour Relations Act*

- NOTICE:**
- (1) One copy of the original individual grievance must be attached.
  - (2) It is your responsibility to inform the Board of any changes to your mailing and electronic addresses or telephone numbers.
  - (3) The party to an individual 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 individual grievance must give notice of the issue with the Canadian Human Rights Commission by using Form 24.
  - (4) Information relating to the proceedings is subject to the Board's *Policy on Openness and Privacy*. In accordance with that policy, the Board conducts its hearings in public, except in exceptional circumstances. It also provides public access to case files and posts its decisions electronically on its website. The Board's *Policy on Openness and Privacy* is posted on the Board's website.

---

**1. Grievor information:**

Last name (*print in block letters*): \_\_\_\_\_

First name (*print in block letters*): \_\_\_\_\_

Mailing address:

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

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

Telephone numbers (*where we can reach you*):

Home: (\_\_\_\_\_) \_\_\_\_\_

Office: (\_\_\_\_\_) \_\_\_\_\_

Fax numbers (*where we can reach you*):

Home: (\_\_\_\_\_) \_\_\_\_\_

Office: (\_\_\_\_\_) \_\_\_\_\_

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

**Name of authorized representative** (*if applicable*):

\_\_\_\_\_

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 deputy head:**

\_\_\_\_\_

**3. The grievor's place of work (for example, city or municipality):**

\_\_\_\_\_

**4. Department and division:**

\_\_\_\_\_

**5. Section or unit:**

\_\_\_\_\_

**6. Position title:**

\_\_\_\_\_

**7. Classification:**

\_\_\_\_\_

**8. Name of the bargaining agent (if applicable):**

\_\_\_\_\_

---

**9. Date on which the individual grievance was presented at the first level of the individual grievance process:**

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

**10. Date on which the individual grievance was presented at the final level of the individual grievance process:**

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

**11. Date on which the employer provided its decision at the final level of the individual grievance process (if applicable):**

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

---

**12. Term of the collective agreement or arbitral award that is the subject of the individual grievance, or both, as the case may be:**

**collective agreement:**

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

**arbitral award:**

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

---

**13. Provision of the *Federal Public Sector Labour Relations Act* under which the individual grievance is referred to adjudication:**

209(1)(b) Disciplinary action resulting in termination, demotion, suspension or financial penalty.

**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.**

- 209(1)(c)(i) Demotion or termination of an employee in the core public administration under paragraph 12(1)(d) of the *Financial Administration Act* for unsatisfactory performance or under paragraph 12(1)(e) of that Act for any other reason that does not relate to a breach of discipline or misconduct.
- 209(1)(c)(ii) Deployment of an employee in the core public administration under the *Public Service Employment Act* without the employee's consent where consent is required.
- 209(1)(d) Demotion or termination of an employee of a separate agency designated under subsection 209(3) of the *Federal Public Sector Labour Relations Act* for any reason that does not relate to a breach of discipline or misconduct.
- 

**Complete section 14 only if an adjudicator is named in the collective agreement.**

**14. 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 15 only if the parties have selected an adjudicator.**

**15. 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 16 only if you request that a board of adjudication be established.**

**16. Information with respect to the person nominated as a member of the board of adjudication:**

Name:

\_\_\_\_\_

**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.**

Mailing address:

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

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

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

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

**17. Do you agree to participate in mediation?**

**Mediation is a voluntary, confidential process in which an impartial third party, the mediator, facilitates communication between the parties with a view to assisting them to reach a mutually acceptable outcome to the dispute.**

**yes**

**no**

---

I, the undersigned, (duly authorized representative of the grievor), file this *Notice of Reference to Adjudication of an Individual Grievance*.

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

\_\_\_\_\_  
(signature of grievor or authorized representative)

---