

FORM 1 - Application

**Dismissal for Cause/Discipline/Working Conditions and Terms of Employment
Under The Public Service of Ontario Act, 2006**

Name:

Home Address:

Home Telephone:

Email:

Work Address:

Work Telephone:

Work Email:

Name of Representative:

*(the lawyer, agent or other person
acting on your behalf (if any))*

Name of Firm: *(where applicable)*

Address:

Email:

Telephone Number:

Name the Employer (ministry or commission public body) you believe may be affected by this Application.

RESPONDENT EMPLOYER

Name:

Address:

Telephone:

Name and other organisation(s) whose rights or interests may be affected by this Application, if any.

RESPONDENT OTHER(S)

Name:

Address:

Email:

Person(s) named as Other Respondent(s) is (are) affected for the following reason(s):

DEPUTY MINISTER OR DELEGATE MEETING

The complaint procedure is set out in Regulation 378/07 of the Public Service of Ontario Act, 2006. Was there a meeting held with the Deputy Minister or Delegate in accordance with Section 9 of Regulation 378/07 of the Act?

If YES, what was the date of the meeting: _____

If NO, explain why below:

If YES, have you received written advice of the Employer's decision about your proposed complaint? YES NO

What was the date of any such written decision (please attached a copy): _____

To file a complaint Section 10 of Regulation 378/07 requires that this Application **must** include any Notice of Proposal given to the Employer.

Are you including the Notice of Proposal? Yes

On what date was the Notice given to the Employer? _____

In consecutively numbered paragraphs your Application must set out a general statement of the issue or matters in dispute and a clear and concise statement of the facts and events important to your position. Tell us what or what did or did not happen, when it happened or when it should have happened, who was involved and where these events took place. Where more convenient this information may be provided as a separate Appendix A attached to your Application.

What remedies are you asking the Public Service Grievance Board to order if the Board finds that the Employer or any other Responent violated the Act? Include all monetary and other redress you seek. Where more convenient this information may be provided as a separate appendix B attached to your Application.

The Board offers alternative dispute resolution (ADR) services to assist the parties in resolving their differences by either appointing a mediator prior to the hearing or by referring the matter to a mediator/arbitrator. Refer to “Arbitration Process Overview” available on our website.

Please indicate your Preference: Mediation Mediation/Arbitration Arbitration

This application consists of _____ pages in total (include any Appendixes in your page count).

Name (please print) _____

Dated at _____ **this** _____ **day of** _____, **20** _____.

The completed signed application and any additional documentation, including the Notice of Proposal are to be submitted to: **psgb.psgb@ontario.ca**

or may be delivered to: Public Service Grievance Board
180 Dundas Street West, Suite 600, Toronto, ON M5G 1Z8