Ontario

Public Service Grievance Board
Suite 600 - 180 Dundas St. West
Toronto, Ontario M5G 1Z8 Tel. (416) 326-1388
www.psab.gov.on.ca

FORM 1a - Application

Board File Number

Save Form

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Political Activity / Disclosing and Investigating Wrongdoing Under The Public Service of Ontario Act, 2006

It is suggested that you review the Board's Rules & Practice Notes as well as the document "Frequently Asked Questions" and the links to the Public Service Ontario Act, 2006 and Regulation 378/07 before completing this application. All are available on our website.

NOTE: Complete the entire form.

Part A. Applicant

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:**

Part B. Respondent(s)

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

RESPONDENT EMPLOYER

Name:

Address:

Telephone:

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Part B. Respondent(s) - continued

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):

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Part C. Particulars of the Application

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.

Part D. Remedy

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.

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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..

Part E. Mediation or Mediation/Arbitration or Arbitration

Please indicate your Preference: ◯ Mediation ◯ Mediation/Arbitration ◯ Arbitration

Part F. Signature

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, may 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

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