

## STAFFING RECOURSE - STATEMENT OF COMPLAINT

This form can be used by an individual (the Complainant) presenting a complaint under the CFIA Staffing Recourse Policy. Please review the policy (<http://www.inspection.gc.ca/english/hrrh/stafdote.shtml>) to determine the requirements for a complaint prior to completing the form. Submit the completed form to the Level 4 manager of the delegated manager responsible for the staffing process or decision in question. If the delegated manager is Level 4 or higher, submit the completed form to the delegated manager.

Statement of Complaint

Amended Statement of Complaint

NOTE: An amended Statement of Complaint supports and/or clarifies allegations in the original Statement of Complaint. New or additional allegations may not be submitted unless based on significant new information not known when the original Statement of Complaint was presented.

### Complainant's Information

Full Name	Mailing address
E-mail Address	
Telephone number - work <span style="float: right;">Ext.</span>	Facsimile
Telephone number - home	Language of choice <input type="checkbox"/> English <span style="margin-left: 100px;"><input type="checkbox"/> French</span>

### Individual Assisting or Representing You (Optional)

Full Name	Mailing address
E-mail Address	
Telephone number	Facsimile

### Staffing Process or Decision Information

Selection Process Number (available on Staffing Notice or Notice of Recourse)	Delegated Manager
	Level 4 Manager

### Grounds for Complaint

Indicate which of the following allowable grounds form the basis of your complaint.

The staffing process or decision did not respect the CFIA's statutory obligations

If these grounds are chosen, specify the statute(s) that was/were not respected. Indicate what provisions of each statute listed were not respected; cite a specific section or subsection, if possible.

The staffing process or decision did not respect the CFIA's staffing policies.

If these grounds are chosen, specify the CFIA staffing policy/policies that was/were not respected and the provisions of the listed policies that were not respected.

There was an unreasonable or arbitrary application of the CFIA staffing values.

**Allegations**

**Statement of Complaint:** With regard to the allowable grounds you selected above, list and explain your allegations. Be as specific as possible to facilitate the identification and disclosure of relevant information.

**Amended Statement of Complaint:** Allegations should support and/or clarify allegations in the original Statement of Complaint. If new allegations are being added, explain what significant new information was obtained, since issuing the original Statement of Complaint, to support the inclusion of additional allegations.

**Disclosure of Information**

**Complete for initial Statement of Complaint only. Disclosure of additional information is not available with submission of an Amended Statement of Complaint.**

List the specific information from this staffing process or decision to which you request access. Normally, a complainant may access general information about the staffing process, as well as any information related to his or her own participation in the staffing process. Personal information of other individuals is protected under the Privacy Act and is usually only disclosed to a complainant if the information is relevant to the complaint. Therefore, if requesting information related to another individual's participation in this staffing process, please indicate how the information is relevant to your allegations.

**Acknowledgement**

I am hereby informed that the personal information I provide on this request for recourse and throughout the associated recourse process is collected under the authority of the *Canadian Food Inspection Agency Act* and is protected under the *Privacy Act*. I further understand that the Canadian Food Inspection Agency may use it to resolve the associated recourse processes and/or for statistical purposes, and hereby consent to its use and disclosure for these purposes. I further understand that I may obtain access to, request correction of or have a notation added to the personal information I provide, and agree that these too may be used and disclosed by the Agency to resolve the associated recourse process and for statistical purposes.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
YYYY/MM/DD

**For Office Use Only**

Deadline for issuance of Statement of Complaint or Amended Statement of Complaint:

\_\_\_\_\_  
YYYY/MM/DD

Date Statement of Complaint or Amended Statement of Complaint issued:

\_\_\_\_\_  
YYYY/MM/DD