



## STAFFING RECOURSE - REQUEST FOR DECISION REVIEW

This form can be used by an individual requesting Decision Review under the CFIA Staffing Recourse Policy. Please review the policy (<http://www.inspection.gc.ca/english/hrrh/stafdote.shtml>) prior to completing the form. Submit the completed form to the delegated manager (the manager responsible for the staffing process in question). The manager will contact you to schedule a discussion of your concerns.

Identification	
Full Name	Mailing address
E-mail Address	
Telephone number - work Ext.	Facsimile
Telephone number - home	Language of choice <input type="checkbox"/> English <input type="checkbox"/> French
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
Statement of Concerns	
Provide a general explanation of your questions or concerns, to assist the manager to identify relevant information for discussion.	
Corrective Action Requested	
Explain what corrective action you are requesting.	

**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 Request for Decision Review:

Date Request for Decision Review issued:

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

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