

STAFFING RECOURSE - REQUEST FOR INDEPENDENT THIRD PARTY REVIEW

This form can be used by an individual requesting Independent Third Party 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 Level 3 manager of the delegated manager responsible for the staffing process or decision in question. If the delegated manager is Level 3, submit the completed form to his/her Level 2 manager.

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
Allegations	
<p>Copy the allegations from your final Statement of Complaint that you wish reviewed by an Independent Third Party. New or revised allegations WILL NOT be accepted for Independent Third Party Review. Information and arguments to support your allegations are not submitted on this form. The Independent Third Party will inform you of the procedures for presenting such additional information.</p>	
Acknowledgement	
<p>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 <i>Canadian Food Inspection Agency Act</i> and is protected under the <i>Privacy Act</i>. 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.</p>	
_____ Signature	_____ YYYY/MM/DD
For Office Use Only	
Deadline for issuance of Request for ITP Review: _____ YYYY/MM/DD	Date Request for ITP Review issued: _____ YYYY/MM/DD