

Federal  
Public  
Sector  
Labour  
Relations and  
Employment  
Board

Commission des  
relations de  
travail et de  
l'emploi dans le  
secteur  
public  
fédéral

F.P.S.L.R.E.B. File Number
FOR OFFICE USE ONLY

**Form 20**

*Subparagraph 89(1)(a)(i)  
of the Federal Public Sector Labour Relations Regulations*

**NOTICE OF REFERENCE TO ADJUDICATION OF AN INDIVIDUAL  
GRIEVANCE**

**Interpretation or application of a provision of a collective agreement or an arbitral  
award**

*Federal Public Sector Labour Relations Act*

- NOTICE:**
- (1) One copy of the original individual grievance must be attached.
  - (2) It is the grievor's responsibility to inform the Board of any changes to his/her mailing and electronic addresses or telephone numbers.
  - (3) The party to an individual grievance who raises an issue involving the interpretation or application of the *Canadian Human Rights Act* within the context of a request for arbitration of the individual grievance must give notice of the issue with the Canadian Human Rights Commission by using Form 24.
  - (4) As set out in subsection 209(2) of the *Federal Public Sector Labour Relations Act*, an individual grievance relating to the interpretation or application of a provision of a collective agreement or an arbitral award may not be referred to adjudication without obtaining the approval of the bargaining agent of the grievor to represent him or her in the adjudication proceedings.
  - (5) Information relating to the proceedings is subject to the Board's *Policy on Openness and Privacy*. In accordance with that policy, the Board conducts its hearings in public, except in exceptional circumstances. It also provides public access to case files and posts its decisions electronically on its website. The Board's *Policy on Openness and Privacy* is posted on the Board's website.

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**1. Grievor information:**

Last or family name (*print in block letters*): \_\_\_\_\_

First name (*print in block letters*): \_\_\_\_\_ Middle name(s) \_\_\_\_\_

Mailing address:

Apartment (*if applicable*): \_\_\_\_\_ Number and street: \_\_\_\_\_

City: \_\_\_\_\_ Province or Territory: \_\_\_\_\_ Postal code: \_\_\_\_\_

Telephone numbers (*where we can reach you*):

Home: (\_\_\_\_\_) \_\_\_\_\_

Office: (\_\_\_\_\_) \_\_\_\_\_

Fax numbers (*where we can reach you*):

Home: (\_\_\_\_\_) \_\_\_\_\_

Office: (\_\_\_\_\_) \_\_\_\_\_

E-mail address:

\_\_\_\_\_

**2. Name of the employer:**

\_\_\_\_\_

**3. Grievor's place of work** *(for example, city or municipality):*

\_\_\_\_\_

**4. Division:**

\_\_\_\_\_

**5. Section or unit:**

\_\_\_\_\_

**6. Position title:**

\_\_\_\_\_

**7. Classification:**

\_\_\_\_\_

**8. Name of the bargaining agent:**

\_\_\_\_\_

**9. Date on which the individual grievance was presented at the first level of the individual grievance process:**

\_\_\_\_\_ (dd/mm/yyyy)

**10. Date on which the individual grievance was presented at the final level of the individual grievance process:**

\_\_\_\_\_ (dd/mm/yyyy)

**11. Date on which the employer provided its decision at the final level of the individual grievance process, if any:**

\_\_\_\_\_ (dd/mm/yyyy)

**Sections 12 to 18 are to be completed by the authorized representative of the grievor's bargaining agent only.**

**12. Information of the authorized representative of bargaining agent:**

Name:

\_\_\_\_\_

Mailing address:

Apartment *(if applicable)*: \_\_\_\_\_ Number and street: \_\_\_\_\_

City: \_\_\_\_\_ Province or Territory: \_\_\_\_\_ Postal code: \_\_\_\_\_

Telephone number: (\_\_\_\_) \_\_\_\_\_ Fax number: (\_\_\_\_) \_\_\_\_\_

E-mail address:

\_\_\_\_\_

**13. Term of the collective agreement or arbitral award relating to the individual grievance, or both, as the case may be:**

**collective agreement:**

from \_\_\_\_\_ to \_\_\_\_\_  
(dd/mm/yyyy) (dd/mm/yyyy)

**arbitral award:**

from \_\_\_\_\_ to \_\_\_\_\_  
(dd/mm/yyyy) (dd/mm/yyyy)

**14. Provisions of the collective agreement or arbitral award that is the subject of the individual grievance:**

\_\_\_\_\_

*Complete section 15 only if an adjudicator is named in the collective agreement.*

**15. Adjudicator's information:**

Name:

\_\_\_\_\_

Mailing address:

Apartment (if applicable): \_\_\_\_\_ Number and street: \_\_\_\_\_

City: \_\_\_\_\_ Province or Territory: \_\_\_\_\_ Postal code: \_\_\_\_\_

Telephone number: (\_\_\_\_) \_\_\_\_\_ Fax number: (\_\_\_\_) \_\_\_\_\_

E-mail address:

\_\_\_\_\_

*Complete section 16 only if the parties have selected an adjudicator.*

**16. Adjudicator's information:**

Name:

\_\_\_\_\_

Mailing address:

Apartment (if applicable): \_\_\_\_\_ Number and street: \_\_\_\_\_

City: \_\_\_\_\_ Province or Territory: \_\_\_\_\_ Postal code: \_\_\_\_\_

Telephone number: (\_\_\_\_) \_\_\_\_\_ Fax number: (\_\_\_\_) \_\_\_\_\_

E-mail address:

\_\_\_\_\_

**Complete section 17 only if you request that a board of adjudication be established.**

**17. Information of the person nominated as a member of the board of adjudication:**

Name:

\_\_\_\_\_

Mailing address:

Apartment (if applicable): \_\_\_\_\_ Number and street: \_\_\_\_\_

City: \_\_\_\_\_ Province or Territory: \_\_\_\_\_ Postal code: \_\_\_\_\_

Telephone number: (\_\_\_\_) \_\_\_\_\_ Fax number: (\_\_\_\_) \_\_\_\_\_

E-mail address:

\_\_\_\_\_

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**18. Do you agree to participate in mediation?**

**Mediation is a voluntary, confidential process in which an impartial third party, the mediator, facilitates communication between the parties with a view to assisting them to reach a mutually acceptable outcome to the dispute.**

**yes**

**no**

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**19. Bargaining agent's approval to represent the grievor in the adjudication proceedings:**

I, the undersigned, duly authorized representative of the grievor's bargaining agent, hereby state that the bargaining agent is willing to represent the grievor in the adjudication proceedings in relation to the attached individual grievance.

Date: \_\_\_\_\_  
(dd/mm/yyyy)

\_\_\_\_\_  
(Signature of authorized representative of bargaining agent)

\_\_\_\_\_  
(Office held with the bargaining agent)

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