

## **FAVOURITISM COMPLAINT FORM**

Civil Service Act

### Instructions

Appointments within the civil service can be reviewed or challenged under the *Civil Service Act*. If a candidate has reason to believe that a successful candidate was appointed to a position because of favouritism, they may submit a complaint to the Office of the Ombud.

Favoritism is defined as giving preference to a candidate that is based on factors that supersede the assessment of qualifications or work performance and that is attributable to a relationship or connection that is external to the workplace.

### Steps for a review:

- Explanation to employee: if an employee is unsuccessful in obtaining an appointment to a closed competition, they may, <u>within 30 days after being</u> <u>notified</u>, request an explanation from the Secretary to Treasury Board as to why they were unsuccessful.
- 2. Complaint to Secretary to Treasury Board: if a screened-in candidate is unsuccessful in obtaining an appointment to an open or closed competition, they may make a complaint to the Secretary to Treasury Board indicating why they believe the successful candidate was appointed because of favouritism.
- 3. Complaint to the Ombud: if an unsuccessful candidate is not satisfied with the response of the Secretary to Treasury Board, they may, within 30 days after receiving the response, file a complaint with the Ombud.

Note that our office cannot intervene in the process before the two first steps outlined above have taken place.

Should you wish to receive more information or if you have questions relating to this form, please contact our office at (506) 453-2789 or 1-888-465-1100 (toll free).

Please send your completed form and any supporting documentation to our office:

• by email: ombud@ombudnb.ca

• by fax: (506) 453-5599

by regular mail: OMBUD NB, P.O. Box 6000, Fredericton, NB E3B 5H1



## **CONTACT INFORMATION**

All complaints to the Ombud are confidential. We require your contact information so that we can get in touch with you and for statistical purposes.

Last Name:	First Name:
Are you currently an employee in the New Brunswick civil service?  Yes No  If yes, please indicate in which Department or agency you work	
Address:	
Telephone Number:	Alternate Number:
Email:	
Language Preference:  English Français Other – please specify:	
Gender:  Please note: You are not required to fill out this section. We only collect information on gender for statistical purposes.  Male Female Another gender – please specify:	
How would you like us to refer to you in correspondence?  he/him/his she/her/hers other pronouns – please specify:	
How best to reach you:  Our office hours are Monday to Friday from 8:30 a.m. to 4:30 p.m. Please indicate the best method and time to contact you for information.  Time Morning Afternoon	
Method Phone Alternate Phone Email  If you are making this complaint on behalf of another individual, please attach a signed and dated authorization form	



# **COMPLAINT DETAILS**

Attach additional pages as required

Name of department or agency involved in your complaint:		
What competition/position were you unsuc	cessful in obtaining?	
Summarize any steps you have taken to trequests for feedback or reconsideration you received:	ou submitted, and what response you	
Please indicate why you have reason to be appointed to the position because of favou	•	
What resolution are you seeking?		
I certify that the information given on this form, to the best of my knowledge, is true and complete.		
Signature	Date	