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|  | ***ADMINISTRATIVE TRIBUNAL******OF THE INTERNATIONAL LABOUR ORGANIZATION*** | **COMPLAINT FORM***(Article 6(1)(a) of the Tribunal’s Rules)* |
|  | **IMPORTANT**Give the required information in the relevant boxes. If a section is not applicable, say so (or put *N/A*).The submissions will consist of (1) the complaint form, (2) the brief and (3) any supporting documents, in that order. | **To be entered by the Registry of the Tribunal** |  |
| **Date of filing:**  |
| **1** | **The complainant** |  |
|  | Family name      | First name(s) *(in full)*      | Mr/Mrs/Ms/Miss      | *Do not put mere initials.* |
|  | Date of birth | Place of birth |  |
|  | *Day* | *Month* | *Year* | *City* | *Country* | *Nationality(ies)* |  |
|       |       |       |       |       |       |  |
|  | Postal address      | Phone number      | E-mail address      | *Please inform the Registry of any change.* |
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|  | Status | 1 | [ ]  | Serving official.Enter the complainant’s present grade here:       | *See Article II(6) of the Tribunal’s Statute*. |
|  | *Tick the correspon-ding box* | 2 | [ ]  | Former official.Enter the complainant’s final grade here:       |  |
|  |  | 3 | [ ]  | Other.Enter the name of the deceased official whose rights the complainant is relying on: |  |
|  |  | Family name      | First name(s)      | Mr/Mrs/Ms/Miss      |  |
|  | Complainant’s relationship to that official:       |  |
|  | The complainant’s representative\*, if any, under Article 5(1) of the Rules: |  |
|  | Family name     Postal address      | First name(s)     Phone number      | Qualification     E-mail address      |  |
|  | \* *Representatives* ***must*** *supply the original or a duly certified copy of the power of attorney required by Article 5(2) of the Rules* ***and*** *identify the bar they belong to or the international organization they have served in (Article 5(1) of the Rules).* |  |
| **2** | **The defendant organization** |       |  |
| **3** | **The impugned decision** |  |
|  | (a) If the organization has taken an express final decision within the meaning of Article VII(1) of the Tribunal’s Statute | *Fill in* ***either*** *(a)* ***or*** *(b).* |
|  |  (i) Date borne by the text of that decision | Day      | Month      | Year      | *Fill in* ***both*** *(i)* ***and*** *(ii) even if the date is the same.* |
|  |  (ii) Date at which the complainant received the text of the decision (or date of publication of the decision if it affects a class of officials) | Day      | Month      | Year      |
|  | (b) If no express decision has been taken upon a claim within the time limit in Article VII(3) of the Statute, date at which the complainant notified such claim to the organization | Day      | Month      | Year      |  |
| **4** | **The pleadings** |  |
|  | **Brief**In a brief, to be placed after this form, set out: (1) the facts of the case  (2) the complainant’s arguments. |  |
|  | **Relief claimed**      | *The claims may include, for example, the quashing of the challenged decision, reinstatement, material damages, moral damages, costs.**List the claims in the box: do not put entries such as “see document appended”.**The list should not contain arguments, explanations or allegations.* |
|  | **Supporting documents**Number each of the supporting documents you append to your brief and list them at the endof this form. |  |
| **5** | **Special applications** |  |
|  | **Oral proceedings** |  |
|  | Does the complainant want oral proceedings (hearings) under Article 12(1) of the Rules? | YES | [ ]  | NO | [ ]  | *State the grounds for such application in the brief.* |
|  | Witness(es), if any, that the complainant wants the Tribunal to hear: |
|  | Name/First name(s) | Position or title | Issues to be addressed |  |
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| **Fast-track procedure** |
| If the complainant wishes to apply for a fast-track procedure under Article 7bis of the Rules, please indicatethe questions of law which the complainant proposes to submit to the Tribunal for a decision under this procedure: |
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|  | **Signature** | *Sign the original* ***and*** *each of the five copies of this form; a mere photocopy of the signature will not be accepted.* |
|  | In signing below the complainant or her/his representative certifies: |
|  |  (a) that the five copies of this form and of the appended texts are true (Article 6(1)(d) of the Rules); (b) that all appended texts that are not originals (transcripts, photocopies, etc.) are true copies (Article (6)(1)(b)); (c) that the required translations into English or French of any appended texts written in neither of those  languages are true to the originals (Article 6(1)(c)). |
|  | Date      | Signature      |  |
|  | **Supporting documents** *(in chronological order so far as possible)* |  |
|  | **Examples** | *Number each document separately.* |
|  | **Number** | **Date** | **Nature** | **Author***(so far as possible)* | **Addressee***(so far as possible)* |
|  | **DD** | **MM** | **YYYY** |
|  | *1* | *04* | *04* | *1997* | *Letter* | *Director of Personnel* | *Complainant* |
|  | *2* | *12* | *05* | *1997* | *Performance appraisal report* | *–* | *–* |  |
|  | *3* | *20* | *05* | *1997* | *Memorandum* | *Complainant’s supervisor* | *Chief, Publications Branch* |
|  | *4* | *12* | *06* | *1997* | *Report* | *Joint Appeals Board* | *–* |
|  | *5* | *09* | *07* | *1997* | *Letter (impugned decision)* | *Director-General* | *Complainant* |
|  | **List of documents supporting the complaint** |
|  | **Number** | **Date** | **Description** *(letter, report, etc.)* | **Author***(so far as possible)* | **Addressee***(so far as possible)* |  |
|  | **DD** | **MM** | **YYYY** |
|  |       |       |       |       |       |       |       | *The list should ordinarily include the texts of the decision impugned under Article VII(1) and of the report of the internal appeals body, if any.* |
|  |       |       |       |       |       |       |       |
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|  |       |       |       |       |       |       |       | *When identifying the author of an item of correspondence or the addressee, use official titles (e.g.* Director of Personnel) *rather than names.**If further space is necessary, create additional lines.* |
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