



**Ontario Police Arbitration and
Adjudication Commission (OPAAC)**

25 Grosvenor Street, 15th Floor
Toronto ON M7A 1Y6

Telephone: 416-314-3520 | **Fax:** 416-314-3522

Email: OPAAC@Ontario.ca

Request for the Appointment of A Conciliation Officer

In accordance with section 147(8) of the *Community Safety and Policing Act, 2019* (CSPA), S.O. 2019, c. 1, Sched. 1, this form serves as a prerequisite for initiating a conciliation proceeding under Part XIII and any other relevant sections of the CSPA. Please complete all relevant sections and send this completed form to OPAAC. Please ensure that a copy of this form is forwarded to the respondent party and that an electronic copy of the collective agreement is forwarded to OPAAC. OPAAC's preferred communication method is email via; OPAAC@Ontario.ca.

Further information regarding the request of a conciliation officer can be found on [OPAAC's](http://www.policearbitration.gov.on.ca) website at; www.policearbitration.gov.on.ca.

The Ontario Police Arbitration and Adjudication Commission is committed to ensuring that the services provided respect the dignity and independence of persons with disabilities in accordance with the *Accessibility for Ontarians with Disabilities Act, 2005*. If you require accommodation to meet your individual needs, please contact us.

Any information collected from this form will be strictly managed in accordance with the *Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, c.F.31.

Questions about the collection of information on this form may be directed to OPAAC's Program Manager.

Important Note: Certain types of disputes are required to undergo conciliation proceedings before going to arbitration, as defined in the *Community Safety and Policing Act, 2019* (CSPA). Please ensure your dispute meets the requirements for this application.

Fields marked with an asterisk (*) are mandatory.

Section 1. Application Information

What are you applying for? * (Please select 1 option)

- Section 50(6)(a): Municipal Budget Dispute Conciliation
- Section 219(2): Duty of Fair Representation Conciliation
- Section 226(1): Interest Bargaining Conciliation
- Section 228(1): Rights Dispute Conciliation
- Section 237(1): Complaint Into an "Inquiry or Alleged Contravention" of Part IX Conciliation
- OPPCBA – Section 5: Interest Bargaining Conciliation

Have you met all the requirements of the relevant legislation to proceed with the application to appoint a conciliator? *

- Yes No

Provide a brief description of the matter(s) in dispute.

Section 2. Applicant

Organization or Applicant Name *

Telephone Number *

Email Address *

Applicant Address

| | | | |
|-------------|-----------------|---------------|---------------|
| Unit Number | Street Number * | Street Name * | PO Box |
| City/Town * | | Province * | Postal Code * |

If you have a representative, please complete the following section:

Representative (if any)

| | |
|-----------------------|---------------|
| Last Name | First Name |
| Position or Title | |
| Organization/Law Firm | |
| Telephone Number | Email Address |

Representative Address

| | | | |
|-------------|---------------|-------------|-------------|
| Unit Number | Street Number | Street Name | PO Box |
| City/Town | | Province | Postal Code |

Section 3. Respondent

| | |
|-----------------------------------|-----------------|
| Organization or Respondent Name * | |
| Telephone Number * | Email Address * |

Respondent Address

| | | | |
|-------------|-----------------|---------------|---------------|
| Unit Number | Street Number * | Street Name * | PO Box |
| City/Town * | | Province * | Postal Code * |

Please provide the contact information for the respondent's representative, if known

Representative (if any)

| | |
|-----------------------|---------------|
| Last Name | First Name |
| Position or Title | |
| Organization/Law Firm | |
| Telephone Number | Email Address |

Representative Address

| | | | |
|-------------|---------------|-------------|-------------|
| Unit Number | Street Number | Street Name | PO Box |
| City/Town | | Province | Postal Code |

Section 4. Affirmation and Signature

- By signing this request form, you affirm that you have reviewed your application and all information contained herein is accurate.
- You also affirm that you have shared a copy of this form with the respondent party.
- If you have any questions or inquiries, contact the Ontario Police Arbitration and Adjudication Commission by email at OPAAC@Ontario.ca or by phone at 416-314-3520. You may also contact our toll-free line at 1-866-517-0571.

| Name (First and Last Name) * | Signature | Date (yyyy/mm/dd) * |
|------------------------------|-----------|---------------------|
| | | |

OPAAC's preferred method of communication is email. Please ensure a copy of this application and supporting documentation is sent via email to OPAAC@Ontario.ca.