



**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 An Arbitrator

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 an arbitrator can be found on [OPAAC's](http://www.opaac.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(10): Municipal Budget Disputes Arbitration
- Section 53: Severance Pay Arbitration
- Section 71(8): OPP Detachment Budget Dispute Arbitration
- Section 191(2): Reprisal Arbitration
- Section 219(5): Duty of Fair Representation Arbitration
- Section 222(1): Membership and Status Arbitration
- Section 223(3): Request to Separate Interest Bargaining Arbitration
- Section 227(1): Interest Bargaining Arbitration
- Section 229(1): Rights Dispute Arbitration
- Section 237(3): Complaint Into an "Inquiry or Alleged Contravention" of Part IX Arbitration
- OPPCBA – Section 6: Interest Bargaining Arbitration

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

- 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

- Pursuant to s.147(4), subsection (5) and (6) of the CSPA, the [OPAAC](#) will publish arbitration awards on its website; www.policearbitration.gov.on.ca.
- 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) *
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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.