



**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](mailto: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 an arbitration 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](mailto:OPAAC@Ontario.ca).

Further information regarding the request of an arbitrator can be found on [OPAAC's](http://www.opaac.on.ca) website at; [www.opaac.on.ca](http://www.opaac.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 32(13): First Nations Police Severance Pay Arbitration
- ☐ Section 50(10): Municipal Budget Disputes Arbitration
- ☐ Section 51(6): First Nations Budget Dispute Arbitration
- ☐ Section 53(4): 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): Inquire into a Complaint of an Alleged Contravention of Part XIII Labour Relations
- ☐ 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), paragraphs 5 and 6 of the CSPA, the [OPAAC](#) will publish arbitration awards on its website; [www.policearbitration.gov.on.ca](http://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](mailto: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](mailto:OPAAC@Ontario.ca).