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 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 51(2)(a): First Nations 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): Inquire into a Complaint of an Alleged Contravention of Part XIII Labour Relations
- ☐ 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 *

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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) *

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