

**NATIONAL FRATERNAL ORDER OF POLICE**

**INTERNAL AFFAIRS, GRIEVANCE AND ARBITRATION REPRESENTATION CHECKLIST**

THE FOLLOWING IS INTENDED AS A SUGGESTED GENERAL GUIDE TO COMPLETING GRIEVANCES AND PREPARING FOR ARBITRATION AND RELATED PROCEEDINGS. BEFORE COMMENCING ANY ACTION, ALL APPLICABLE LAWS, POLICIES, AND CBA PROVISIONS SHOULD BE THOROUGHLY REVIEWED.

# **FOP FIELD REPRESENTATIVE INFORMATION:**

Name:

Address: City Zip

Telephone: Fax:

Email address:

# **MEMBER/GRIEVANT INFORMATION**

Grievant’s Name:

Contact Numbers: Home Work Mobile

Address:

Grievant’s Agency:

# **AGENCY INFORMATION**

Address: City Zip

Telephone: Fax:

Email address:

Agency Representative Information:

Name: Rank/Title:

Address: City Zip

Telephone: Fax:

Email address:

**NOTES**

# **INTERNAL AFFAIRS INVESTIGATION**

Date member was notified by IA / /

Date FOP Staff Rep was notified / /

Date Staff Rep Interviewed Grievant / /

List all witnesses for and against grievant with contact information (including complainant):

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| Witness Name | For/Against | Contact Information |
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List all alleged policy violations:

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Is there a criminal investigation?

Yes No

If yes, date attorney was notified / /

Date IA interview is set / /

**IA Interview**

Name, title/rank, and contact information of investigator

**NOTES**

# **You MUST ask the following questions:**

* HAVE I REVIEWED THE LEO BILL OF RIGHTS (IF APPLICABLE)?
* Is member the subject or a witness?
* Is the investigation administrative or criminal?
* Is the officer being ordered to submit to the interview with discipline if officer refuses?
* Is the interview being recorded?
* Has Garrity/Miranda warning been read?
* Who is the complainant?
* Have all witnesses and the complainant been interviewed under oath? If not, why?
* Have you been given the statements of all witnesses? If not, demand them.
* Has the subject officer read all statements?
* Have you requested subject officer’s Statement to be provided within 72 hours?

**NOTES**

**Pre-Determination Hearing**

**You are entitled to a complete copy of the IA file and all supporting documents free of charge per the Bill of Rights.**

Date IA File was requested / /

Date IA File was received / /

Date of Pre-Determination Hearing / /

* + Present all mitigating factors.
  + Present all CBA violations.
  + Present all Bill of Rights violations (if applicable).
  + Present all errors made in the investigation.
  + Present all known witnesses not interviewed by IA.
  + Present conflicts in the evidence.
  + Present all known disparate discipline cases.
  + Ask if the IA conclusions are the sole basis for discipline.
    - If not, what are the other reasons for discipline?
  + What other discipline forms the basis for progressive discipline? List all people present for pre-determination hearing:

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# **GRIEVANCE INFORMATION**

Is there a CBA? \_\_\_\_Yes \_\_\_\_No

Is there an arbitration clause in the CBA? \_\_\_\_Yes \_\_\_\_No

If yes, is arbitration binding? \_\_\_\_Yes \_\_\_\_No

**Identify the type of grievance:**

Is this a Contract Interpretation Grievance? \_\_\_\_Yes \_\_\_\_No

If yes, is it a Class Action: \_\_\_\_Yes \_\_\_\_No

CBA Articles and Sections w/Page Nos.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Provide a brief summary of the contract interpretation grievance and why it should be pursued:

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Is this a Disciplinary Grievance? \_\_\_\_Yes \_\_\_\_No

Type: \_\_\_\_Reprimand \_\_\_\_Demotion \_\_\_\_Suspension \_\_\_\_Termination

Date Discipline was issued / /

Date grievance is due / /

Is there a just/proper/good cause provision in the CBA? \_\_\_\_Yes \_\_\_\_No

If yes, list CBA Article and Section\_\_\_\_\_\_\_\_ Page No.\_\_\_\_\_\_\_\_

Is the Bill of Rights incorporated into the CBA (if applicable)? \_\_\_\_Yes \_\_\_\_No

Was the Bill of Rights violated (if applicable)? \_\_\_\_Yes \_\_\_\_No

Is there an arbitration clause in the CBA? \_\_\_\_Yes \_\_\_\_No

If yes, list CBA Article and Section\_\_\_\_\_\_\_\_ Page No.\_\_\_\_\_\_\_\_

Is arbitration binding? \_\_\_\_Yes \_\_\_\_No

**Provide a brief summary of the facts of the case and why the discipline was issued. Include violations of CBA and Bill of Rights (if applicable):**

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| --- | --- |
| **Violations**  **(if applicable)** | **Summary of Facts** |
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# **All grievances must include:**

* Brief statement of grievance
* Type of discipline issued
* ALL Articles violated
* ALL rights in Bill of Rights (if applicable) violated/violation of due process
* Requested remedy including a reversal of IA findings/conclusion (unless admitted)
* Demand to be made whole as if never disciplined

Will the employer accept the grievance form? \_\_\_\_Yes \_\_\_\_No

Date Grievance was filed / /

**Step 1**

Date Step 1 Response is due / /

Date Step 1 Response received / /

Resolved? \_\_\_\_Yes \_\_\_\_No

**Step 2**

Date Step 2 Response is due / /

Date Step 2 Response received / /

Resolved? \_\_\_\_Yes \_\_\_\_No

**Step 3**

Date Step 3 Response is due / /

Date Step 3 Response received / /

Resolved? \_\_\_\_Yes \_\_\_\_No

**Step 4**

Date Step 4 Response is due / /

Date Step 4 Response received / /

Resolved? \_\_\_\_Yes \_\_\_\_No

Date the demand/request for Arbitration is due / /

Date the demand/request for Arbitration was filed / /

# **SEND ENTIRE FILE, THE CBA, AND THIS FORM TO ADVOCATE HANDLING GRIEVANCE**

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| **ARBITRATION** |  | |
| **Arbitration service:**  \_\_\_\_FMCS | \_\_\_\_AAA | \_\_\_\_Other |
| Fee $\_\_\_\_\_\_\_\_\_\_ |  |  |

Date Panel was requested / /

Date voucher was submitted / /

Date Panel was received / /

Date Arbitrator was selected / /

**Arbitrator Information:**

Name:

Fee $ Cancellation Policy

Address: City Zip

Telephone: Fax:

Email address:

Date request for Public Records per state statute was sent / /

* + Grievant’s I/A File
  + Grievant’s Personnel File
  + Grievants’s Prior Disciplinary History
  + Similar Agency Cases/Disparate Treatment

Date Follow-up Public Records letter per state statute was sent / /

Date legal demand letter for Public Records was sent / /

Is a Pre-Arbitration Statement required? \_\_\_\_Yes \_\_\_\_No

Is there an LEO certification issue? \_\_\_\_Yes \_\_\_\_No

Describe the certification issue

Is there an PERC/Labor Board issue? \_\_\_\_Yes \_\_\_\_No

Describe the PERC/Labor Board issue

Is there an Unfair Labor Practice issue? \_\_\_\_Yes \_\_\_\_No

Describe the ULP issue

Is an expert witness needed? \_\_\_\_Yes \_\_\_\_No

Explain why the expert(s) is necessary

**Expert Information:**

Name:

Field of Expertise:

Fee $ Cancellation Policy

Address: City Zip

Telephone: Fax:

Email address:

**Preparation Summary, including settlement discussions with employer:**

# **ARBITRATION ADVOCATE**

**FOP Advocate assigned:**

Name:

Address: City Zip

Telephone: Fax:

Email address:

Date of Arbitration hearing / /

**Advocate’s Case Summary/Pre-Arbitration Statement:**

**Witness list and summaries of testimony:**

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| Witness | Testimony |
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Date Subpoenas sent to Arbitrator for signature / /

Date Subpoenas sent to process serves for service / /

**Dates Witnesses served:**

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| Witness | Date Served |
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**Exhibit List and description of evidentiary value of each exhibit:**

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| Exhibit | Description |
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Date of Pre-Hearing Conference with opposing counsel / /

**Stipulations (including stipulated exhibits):**

Arbitration postponed? \_\_\_\_Yes \_\_\_\_No

If yes, explain the reason for the postponement:

Cancellation fee required $ FOP Share $

Date Court Reporter Hired / /

**Court Reporter Information:**

Name: Agency

Fee $ Employer agree to split fee? Yes No

Address: City Zip

Telephone: Fax:

Email address:

Date Transcript Ordered / /

Date Transcript Received / /

Date Court Reporter’s Invoice Received / /

Amount of Court Reporter’s Fee $

FOP Share $ Employer Share $

Date Voucher Submitted / /

|  |  |
| --- | --- |
| **Post Arbitration Brief** |  |
| Date Post Arbitration is due / / |
| Page Limit |
| Date Post Arbitration submitted to Arbitrator | / / |
| Date Post Arbitration submitted to opposing counsel | / / |
| Date Arbitrator’s Award Received | / / |
| Date Member Informed of Award | / / |
| Date Staff Rep Informed of Award | / / |
| Date Arbitrator’s Award sent to member | / / |
| Date Arbitrator’s Award sent to FOP Staff Rep | / / |

**Advocate’s Summary of Arbitration Award (must be sent to Labor Chair):**

Date Arbitrator’s Invoice Received / /

Amount of Arbitrator’s Fee $

FOP Share $ Employer Share $

Date Voucher Submitted / /

**Enforcement/Confirmation Proceeding**

Date Filed / / Filing Fee $

Date Voucher Submitted / /

Petitioner Respondent

Trial Court

Judge

Discovery:

Date Court Reporter Hired / /

**Court Reporter Information:**

Name: Agency

Fee $ Employer agree to split fee? Yes No

Address: City Zip

Telephone: Fax:

Email address:

Date Court Reporter’s Invoice Received / /

Amount of Court Reporter’s Fee $

FOP Share $ Employer Share $

Date Voucher Submitted / /

Trial Date / /

**Advocate’s Summary of Trial Results (must be sent to Labor Chair):**

**Appeal of Trial Court Order**

Date Notice of Appeal Filed / / Filing Fee $

Date Voucher Submitted / /

Appellant Appellee

Appellate Court

Date Trial Transcript Ordered / /

Date Trial Transcript Received / /

Date Trial Transcript Filed / /

Date Court Reporter’s Invoice Received / /

Amount of Court Reporter’s Fee $

Date Voucher Submitted / /

Date Initial Brief is Due / /

Date Response Brief is Due / /

Date Reply Brief is Due / /

Date of Oral Argument / /

Date Decision Received / /

**Advocate’s Summary of Appellate Decision (must be sent to Labor Chair):**

**NOTES**

*This document is intended for informational purposes only. No part of this communication is intended to constitute*

*legal advice and should not be relied upon in lieu of consultation with appropriate legal advisors.*