



**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):

Witness Name	For/Against	Contact Information

List all alleged policy violations:


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:


**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. \_\_\_\_\_

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

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

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

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):**

<b>Violations (if applicable)</b>	<b>Summary of Facts</b>

**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**

**ARBITRATION**

**Arbitration service:**

\_\_\_\_\_ FMCS                                  \_\_\_\_\_ AAA                                  \_\_\_\_\_ Other

Date Panel was requested     \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_                                  Fee \$ \_\_\_\_\_

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
- ✓ Grievant'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 \_\_\_\_\_

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Is there an PERC/Labor Board issue?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

Describe the PERC/Labor Board issue \_\_\_\_\_

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Is there an Unfair Labor Practice issue?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

Describe the ULP issue \_\_\_\_\_

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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:**

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**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:**

Witness	Testimony

Date Subpoenas sent to Arbitrator for signature           /       /

Date Subpoenas sent to process serves for service           /       /

**Dates Witnesses served:**

Witness	Date Served

**Exhibit List and description of evidentiary value of each exhibit:**

Exhibit	Description

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):

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**NOTES**

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*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.*