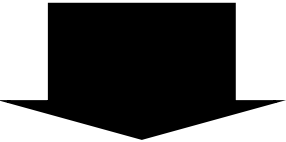


<p style="text-align: center;">READ THIS FIRST</p>  <p style="text-align: center;">Lodging of complaint with the Bargaining Council</p>	<p style="text-align: center;">LODGING OF COMPLAINT WITH</p> <p style="text-align: center;">BARGAINING COUNCIL FOR RESTAURANT CATERING AND ALLIED TRADES</p> 
<p>WHAT IS THE PURPOSE OF THIS FORM?</p> <p>To record a complaint.</p> <p>WHO COMPLETES THIS FORM?</p> <p>The agent and/or complainant(s).</p> <p>WHERE DOES THIS FORM GO?</p> <p>The Bargaining Council for the Restaurant, Catering and Allied Trades, PO Box 30822, Braamfontein, 2017.</p> <p>NB! It is the responsibility of the party lodging the complaint to ensure that all documentation is fully completed and served on the employer before submission to the Bargaining Council. Incomplete documentation may delay the process.</p>	<p style="text-align: center;">WHERE TO SEND THIS FORM TO:</p> <p>3rd Floor 21 Kruis Street Johannesburg 2001</p> <p>P.O. Box 30822 Braamfontein 2017</p> <p>Fax No's (011) 832 1192 (011) 832 1189</p> <p>Tel: (011) 832 1180/1/2/3/4 (Administration) (011) 832 1180 (Statutory Department)</p> <p>1. DETAILS OF EMPLOYEE</p> <p>I/We the undersigned being an employee (), a trade union (), refer the following complaint to the Bargaining Council to be investigated:</p> <p>Surname: _____ First Names: _____</p> <p>Identity Number: _____</p> <p>Employed as: _____</p> <p>Postal Address: _____</p> <p>Postal Code: _____</p> <p>Tel: _____ Fax: _____</p> <p>Cell: _____ Email: _____</p> <p><i>NB! If the complainant party is a trade union, please indicate if you are a party to the Bargaining Council [] Yes; [] No.</i></p> <p>Name of Trade Union: _____</p> <p>2. DETAILS OF EMPLOYER</p> <p>Company Name: _____</p> <p>Contact Person: _____</p> <p>Street Address: _____</p> <p>Postal Code: _____</p> <p>Postal Address: _____</p> <p>Postal Code: _____</p> <p>Tel: _____ Fax: _____</p> <p>Cell: _____ Email: _____</p>

3. DETAILS OF EMPLOYMENT:

Started:	Salary/Wage:
Left:	Occupation:
Duties:	Working hours:
	Days per week:

4. NATURE OF COMPLAINT:

<input type="checkbox"/> Non-payment of Overtime	<input type="checkbox"/> Annual Leave	<input type="checkbox"/> Other
<input type="checkbox"/> Non-payment for work on Public Holidays	<input type="checkbox"/> Maternity Leave	
<input type="checkbox"/> Non-payment Pro rata Leave	<input type="checkbox"/> Sick Leave	

5. SUMMARISE THE NATURE OF THE COMPLAINT:

6. DETAILS OF COMPLAINT PROCEDURES FOLLOWED:

a) Have all internal grievance procedures been followed and exhausted? (If not, a full explanation and reason must be stated)

Yes No

Describe the procedures followed:

7. Indicate the sector in which the complaint arose:

<input type="checkbox"/> Restaurant	<input type="checkbox"/> Catering	<input type="checkbox"/> Café
<input type="checkbox"/> Fish & Chips	<input type="checkbox"/> Take away food	<input type="checkbox"/> Roadhouse
<input type="checkbox"/> Tea Room	<input type="checkbox"/> Other: _____	

8. Signature of complainant:

Signature: _____ Date: _____