

# BARGAINING COUNCIL FOR THE RESTAURANT, CATERING AND ALLIED TRADES

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P O Box 30822  
Braamfontein  
2017

The Secretary,

Sir/Madam,

## LODGING OF COMPLAINT WITH THE BARGAINING COUNCIL



### WHAT IS THE PURPOSE OF THIS FORM?

To record a complaint

### WHO COMPLETES THIS FORM?

The agent and/or complainant(s)

### WHERE DOES THIS FORM GO?

The Bargaining Council for the Restaurant Industry of SA, P O Box 30822, Braamfontein, 2017

**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 progress.

### 1. DETAILS OF EMPLOYEE

I/we the undersigned being  an employee,  a trade union, refer the following complaint to the Bargaining Council to be investigated:

Surname: \_\_\_\_\_ First Names: \_\_\_\_\_

Identity Number: \_\_\_\_\_

Employed as: \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

**NB!** If the referring party is a trade union, please indicate if you are a party to the Bargaining Council [ ] Yes [ ] No

Name of Trade Union: \_\_\_\_\_

### 2. DETAILS OF EMPLOYER

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Street Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

**3. DETAILS OF EMPLOYMENT:**

Started: \_\_\_\_\_

Salary/Wage: \_\_\_\_\_

Left: \_\_\_\_\_

Occupation: \_\_\_\_\_

Duties: \_\_\_\_\_

Working Hours: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Days per week: \_\_\_\_\_

**4. NATURE OF DISPUTE**

- Non-payment of Overtime
- Annual Leave
- Sick Leave
- Non-payment for work on Public Holidays
- Maternity Leave
- Other
- Non-payment Pro rata Leave

**5. SUMMARISE THE NATURE OF THE COMPLAINT:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**6. DETAILS OF DISPUTE 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. SECTOR**

Indicate the sector in which the complaint arose:

- Restaurant
- Catering
- Cafe
- Fish & Chips
- Take away food
- Roadhouse
- Tea Room
- Other: \_\_\_\_\_

**8. SIGNATURE OF COMPLAINANT Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_