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LRA Form 7.11

PART A
REFERRING A DISPUTE TO THE
BARGAINING COUNCIL RESTAURANT
CATERING AND ALLIED TRADES FOR
CONCILIATION (INCLUDING CON-ARB)



A copy of this form must be served on the other party. Proof that a copy has been served on the other party must be attached, such as -

- A copy of a registered slip from the Post office; or
- A copy of a signed receipt if hand delivered; or
- A signed statement confirming the service by the person delivering the form; or
- A copy of a fax confirmation slip; or
- A copy of an email confirmation slip; or
- Any other satisfactory proof of service

WHERE TO SEND THIS FORM TO:

Braampark – Forum V
 Office 01/02A, Ground Floor
 33 Hoofd Street
 Braamfontein
 2001

P.O. Box 30822
 Braamfontein
 2017

Fax: (086) 439 6187 (Dispute Resolution)
 CMOs: modiki@bcrc.co.za; sbongile@bcrc.co.za

Tel: 087 097 0146/011 832 1170/80 (Administration)
 087 097 0146/011 832 1170/80 (Dispute Resolution)

Tick the correct box

This section must be completed!

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The name of the employee or an employer that is referring the dispute must be filled in (a).

If there is more than one employee to the dispute and the referring party is not a trade union, then each employee must supply their personal details and signature on a separate page, which must be attached to this form.

The name of the trade union or employer's organisation that is referring the dispute or assisting a member to refer a dispute must be filled in (b). If there is more than one party, please provide all the details of each party on a separate page which must be attached to this form.

1. DETAILS OF PARTY REFERRING DISPUTE

As the referring party, are you:

- An employee Trade union
 An employer An employers' organization

(a) If the referring party is an employee or employer

First Name/s: _____

Surname: _____

ID Number: _____

Occupation (if employee): _____

Length of service: _____

Salary Gross: _____

Salary Net: _____

Gender (M/F): _____

Age: _____

Nationality: _____

Postal Address: _____

Postal Code: _____

Physical Address: _____

Postal Code: _____

Tel: _____

Cell: _____

Fax: _____

Email: _____

(b) Name of the referring party who will represent the applicant (name of official) if the referring party is an employer's organization or trade union, or if the employer's organization is assisting a member to the dispute

Name (party): _____

Official: _____

Contact person (if organization): _____

Postal Address: _____

Postal Code: _____

Physical Address: _____

Postal Code: _____

Tel: _____

Cell: _____

Fax: _____

Email: _____

Tick the correct box

This section must be completed!

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Unfair Labour Practice

If the dispute(s) concerns an unfair labour practice, the dispute must be referred within 90 days of the act or omission which gave rise to the unfair labour practice. If more than 90 days has elapsed you are required to apply for condonation.

If it is an unfair labour practice, state whether it relates to probation.

PLEASE NOTE!

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2. DETAILS OF THE OTHER PARTY (PARTY WITH WHOM YOU'RE IN DISPUTE)

The other party is:

- An employer
- An employers' organization
- An employee
- an trade union

Name:

(if company or close corporation, the name of the company or close corporation):

Contact person:

Postal Address:

Postal Code:

Physical Address:

Postal Code:

Tel:

Cell:

Fax:

Email:

Company or close corporation registration number:

Number of employees employed by employer:

3. NATURE OF THE DISPUTE

What is the dispute about (tick only one box)?

- Unfair dismissal (s 191)
- Disputes about Interpretation and Application of Chapter 2 (s 9)
- Mutual Interest (s 64)
- Pre-dismissal arbitrations (s 188A)
- Unilateral change to terms & conditions of employment (s64(4))
- Severance Pay S41 BCEA
- Disputes by Essential Services employees (s 74)
- Disputes about Freedom of Association (s 9)
- Interpretation of collective agreement disputes (s 24)
- Unfair labour practice (probation) (s 186(2)(a))
- Temporary Employment Service: S198
- Unfair labour practice (other) (s 182(2)) - please give details:
- S198A (Labour Broker)
- S198B (Fixed Term Contract)
- S198C (Part-time Employment)
- S198D
- Other - please give details

If it is an unfair dismissal dispute, tick the relevant box

- Misconduct
- Incapacity
- Unknown Reasons
- Constructive Dismissal
- Poor work performance
- Dismissal relates to probation
- Operational Requirements (Retrenchments)
- Other
- where I was the only employee dismissed
- where the employer employs less than ten (10) employees

Please note that the following disputes must be forwarded directly to the CCMA and cannot be dealt with by a bargaining council in terms of the Labour Relations Act, 66 of 1995 ("the LRA"):

- Disclosure of Information (s 16 & s 89)
- Organisational rights (s 16, s 21 & s 22)
- Picketing (s 69(8)-10)
- Workplace Forum disputes (s 89, s 86 & s 94)
- Disputes about learnerships - s 19 of the EEA
- Facilitations - mass retrenchments (s 189A)
- EEA (s 10) - Discrimination
- Demarcation of sectors and areas of councils (s 62)
- Enforcement of CA by BC (s 33A)
- Agency & closed shops [s 24(6)&(7), s 26(11)]
- Determinations made by Minister (s 45)

Please note that **COMPLAINTS** must be forwarded directly to the Statutory Dept (eunice@bcrc.co.za; patrick@bcrc.co.za) of the Council and **cannot** be dealt with by Dispute Resolution Dept of the Council.

Tick the correct box

This section must be completed!



This section must be completed!



4. SUMMARIZE THE FACTS OF THE DISPUTE (Use additional paper if necessary):

Four horizontal lines for summarizing the facts of the dispute.

5. DATE AND WHERE DISPUTE AROSE:

The dispute arose on:

(give the date, day, month and year)

The dispute arose where:

(give the City/Town in which the dispute arose)

6. DATE OF DISMISSAL(if applicable) _____

7. FAIRNESS OR UNFAIRNESS OF DISMISSAL(if applicable)

(a) Procedural Issues

Was the dismissal procedurally unfair? Yes No

If yes, why? _____

(b) Substantive Issues

Was the reason for the dismissal unfair? Yes No

If yes, why? _____

8. RESULT REQUIRED

Three horizontal lines for stating the result required.

9. OBJECTION TO CON-ARB PROCESS(Only complete this part if you object to the arbitration commencing immediately after conciliation)

I/we object to the arbitration commencing immediately after the conciliation in terms of Section 191(5A)(c).

Signature of person objecting to con-arb

10. SECTOR

Indicate the sector or service in which the dispute arose?

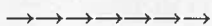
- Retail sector Domestic Building & Construction Contract Cleaning
- Mining Private Security Public Service Other (please describe)
- Motor Paper & Printing Health _____
- Distribution Services Chemical _____
- Wholesale Food & Beverage Agriculture _____

Tick the correct box

Parties may, at their own cost, bring interpreters for languages other than the official South African languages. Please indicate this under "other".

Special features might be a reason for the urgency of the matter, the large number of people involved, important legal or labour issues, etc.

This section must be completed!



11. INTERPRETER SERVICES

Is an interpreter required? Yes/No (If yes, tick applicable box)

- Afrikaans IsiNdebele IsiZulu
- IsiXhosa Sepedi SeSotho
- Setswana IsiSwati Xitsonga
- Sign Language Tshivenda Other _____

12. SPECIAL FEATURES / ADDITIONAL INFORMATION

Briefly outline any special features / additional information BCRC needs to note:

Dispute about unilateral change to terms and conditions of employment s64(4)

I/we require that the employer party not implement unilaterally the proposed changes that led to this dispute for 30 days, or that it restore the terms and conditions of the employment that applied before the change.

Signed _____ (employee party/representative referring the dispute)

13. CONFIRMATION OF ABOVE DETAILS

Form submitted by:

(Please print name)

Signature: _____

Position: _____

Date: _____

Place: _____

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Dismissal disputes must be referred within 30 days of dismissal. If the dismissal was more than 30 days ago, you are required to apply for condonation on section C of this form.

Tick the correct box

Tick the correct box

PART B
TO BE COMPLETED FOR DISMISSAL DISPUTES ONLY

1. COMMENCEMENT OF EMPLOYMENT

When did you start working at the company? _____

2. NOTICE OF DISMISSAL

When were you dismissed? _____

How were you informed of your dismissal?

- By letter
- At/After a disciplinary hearing
- Other (please describe) _____
- Verbally
- Constructive (resigned)

3. REASON FOR DISMISSAL

Why were you dismissed?

- Misconduct
- Operational Requirements (Retrenchment)
- Other (please describe) _____
- Incapacity
- Unknown

4. FAIRNESS/UNFAIRNESS OF DISMISSAL

(a) Procedural Issues

Was the dismissal procedurally unfair? Yes No

If yes, why?

(b) Substantive Issues

Was the dismissal substantively unfair? Yes No

If yes, why?

