

**REFERRING A STATUTORY
DISPUTE TO THE BARGAINING
COUNCIL RESTAURANT
CATERING ALLIED TRADES
(INCLUDING CON-ARB)**



READ THIS FIRST



WHAT IS THE PURPOSE OF THIS FORM?

This form enables a person or organization to refer a dispute to the Council for conciliation and con-arb.

WHO FILLS IN THIS FORM?

Employer, employee, union or employers' organization.

WHERE DOES THIS FORM GO?

The General Secretary of the Bargaining Council

WHAT WILL HAPPEN WHEN THIS FORM IS SUBMITTED?

When you refer the dispute to the Council, it will appoint a commissioner who must attempt to resolve the dispute within 30 days.

OTHER INSTITUTIONS

Please note that you are covered by this bargaining council, in all matters emanating from the collective agreement

If in doubt contact the Bargaining Council for assistance.

FURTHER INSTRUCTIONS

A copy of this form must be served on the other party.

Proof that a copy of this form has been served on the other party must be supplied by attaching:

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

**BARGAINING COUNCIL RESTAURANT CATERING ALLIED TRADES
CONTACT DETAILS**

2nd Floor Penmore Towers
No 1 Rissik Street
Johannesburg
2000

P. O. Box 30822
Braamfontein
2017

Fax No's (011) 832 1192
(011) 832 1176

Tel: (011) 832 1192 Administration
(011) 832 1191 Dispute Resolution

Case.NO.....

CASE BACKGROUND:-

1. A complaint was received on20..... Regarding the alleged contravention(s) of the Bargaining Council's Collective Agreement.
2. An agent was appointed to investigate the complaint in terms of clause 28 of the Collective Agreement.
3. The matter remained unresolved
4. The Applicant has requested that the matter be set down for resolution

READ THIS FIRST



Tick the correct box

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.

These alternate contact details should be of a union official or representative, a relative or a friend.

The name of the trade union or employers organization that is referring the dispute or assisting a member to refer a dispute must be filled in (b).

OTHER PARTIES

If more than one party is referring the dispute or if the dispute is referred against more than one party, write down the additional names and particulars on a separate page and attach to this form.

Tick the correct box

Please ensure that the correct details, of the other party is filled in correctly.

1. DETAILS OF PARTY REFERRING THE DISPUTE

As the referring party, are you:

- An employee
- A trade union
- An employer
- An employer's organization

(a) Name of the party if the referring party is an employee or employer

Name:.....

ID Number:.....

Postal Address:.....

.....Postal Code:.....

Tel:.....Cell:.....

Fax:.....Email:

Alternate contact details of employee:

Name:.....

Postal Address:.....

.....Postal Code:.....

Tel:.....Cell:.....

Fax:.....Email:

(b) Name of the referring party if the referring party is an employer's organisation or trade union, or if the employer's organization is assisting a member to the dispute

Name:.....

Postal Address:.....

.....Postal Code:.....

Tel:.....Cell:.....

Fax:.....Email:

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

The other party is:

- An employee
- A trade union
- An employer
- An employer's organisation

Name:.....

Postal Address:.....

.....Postal Code:.....

Tel:.....Cell:.....

Fax:.....Email:

Please turn over →

Tick the correct box

This section must be completed!

If necessary write the details on a separate page and attach to this form. It is vital that this part is filled in with as much information to enable the resolution of the dispute.

It is necessary that you fill this part in fully.

3. NATURE OF THE DISPUTE

What is the dispute about (tick only one box)? Underpayment Non-payment

wages/salary Sick leave Leave/Pro Rata Leave

commission Public Holiday(s) Work on rest day(s)

Notice period Overtime

Other (please describe)

Summarise the facts of the dispute you are referring:

4. DATE 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)


5. DETAILS OF DISPUTE PROCEDURES FOLLOWED

Have you followed all internal grievance / disciplinary procedures before coming to the Council? YES NO

Describe the procedures followed:.....

6. RESULT OF CONCILIATION/ARBITRATION

What outcome do you require?.....

Please turn over 

Tick the correct box

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

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

The con-arb process involves arbitration being held immediately after the conciliation if the dispute remains unresolved. Only fill this in if you object to the arbitration commencing immediately after conciliation.

7. SECTOR

Indicate the sector or service in which the dispute arose

- | | | |
|--|-------------------------------------|---|
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Tearoom | <input type="checkbox"/> Catering Trade |
| <input type="checkbox"/> Fish & Chip Shop | <input type="checkbox"/> Cafes | <input type="checkbox"/> Roadhouse |
| <input type="checkbox"/> Take away food outlet | <input type="checkbox"/> Other..... | |

8. INTERPRETATION SERVICES

Do you require an interpreter at the conciliation / con-arb? YES NO

If yes, please indicate for what language:

- | | | | |
|------------------------------------|-------------------------------------|--|-----------------------------------|
| <input type="checkbox"/> Afrikaans | <input type="checkbox"/> isiNdebele | <input type="checkbox"/> isiZulu | <input type="checkbox"/> isiXhosa |
| <input type="checkbox"/> Sepedi | <input type="checkbox"/> Sesotho | <input type="checkbox"/> Setswana | <input type="checkbox"/> siSwati |
| <input type="checkbox"/> Tshivenda | <input type="checkbox"/> Xitsonga | <input type="checkbox"/> Other (<i>please indicate</i>)..... | |

9. SPECIAL FEATURES / ADDITIONAL INFORMATION

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

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10. OBJECTION TO CON-ARB PROCESS

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

Signed:

If the employer objects to the arbitration commencing immediately after the conciliation the employer must submit a written notice in terms of Council Rule 18(2) at least 7 days prior to the scheduled date of the conciliation. The employer must attend the conciliation regardless of whether it makes this objection.

11. CONFIRMATION OF ABOVE DETAILS

Signature of party referring the dispute:

Signed at.....on this
(place) (date)