

PART A

REFERRING A DISPUTE TO THE CCMA FOR CONCILIATION



READ THIS FIRST



WHAT IS THE PURPOSE OF THIS FORM?

This form enables a person or organisation to refer a dispute to the CCMA for conciliation.

WHO FILLS IN THIS FORM?

Employer, employee, union or employers' organisation.

WHERE DOES THIS FORM GO?

To the other party and to the CCMA office in the province where the dispute arose.

WHAT WILL HAPPEN WHEN THIS FORM IS SUBMITTED?

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

OTHER INSTITUTIONS

Please note that if you are covered by a bargaining council, a statutory council or an accredited agency you may have to take the dispute to that council or agency. Some councils and agencies are required by law to deal with certain disputes and parties must then refer disputes there, rather than to the CCMA. You may also need to deal with the dispute in terms of a private procedure if one applies.

PROVINCIAL OFFICES OF THE CCMA

CCMA EASTERN CAPE

107 Govan Mbeki Street
2nd Floor, Old Garlicks Building
PORT ELIZABETH
Private Bag X22500, PORT ELIZABETH 6000
Tel: (041) 586-4466
Fax: (041) 586-4585/6
Email: PE@ccma.org.za

CCMA FREE STATE

NBS Building, cnr Elizabeth & Westburger Street
BLOEMFONTEIN
Private Bag X20705, BLOEMFONTEIN, 9300
Tel: (051) 505-4400
Fax: (051) 448-4468/9
Email: BLM@ccma.org.za

CCMA GAUTENG

CCMA House, 20 Anderson Street,
JOHANNESBURG
Private Bag X94, MARSHALLTOWN, 2107
Tel: (011) 377-6600
Fax: (011) 377-6678
Email: GAUTENG@ccma.org.za

CCMA KWAZULU NATAL

Garlicks Chambers, 375 West Street,
DURBAN
Private Bag X54363, Durban 4000
Tel: (031) 306-5454
Fax: (031) 306-5401/4
Email: KZN@ccma.org.za

CCMA MPUMALANGA

CCMA House, Eadie Street
WITBANK
Private Bag X7290, WITBANK 1035
Tel: (013) 656-2800
Fax: (013) 656-2885/6
Email: WTB@ccma.org.za

CCMA NORTH WEST PROVINCE

47-51 Siddle Street,
KLERKSDORP
Private Bag X5004, KLERKSDORP, 2571
Tel: (018) 462-3137
Fax: (018) 462-4126
Email: KDR@ccma.org.za

CCMA NORTHERN CAPE

1A Bean Street
KIMBERLEY
Private Bag X6100, KIMBERLEY, 8300
Tel: (053) 831-6780
Fax: (053) 831-5947/8
Email: KMB@ccma.org.za

CCMA NORTHERN PROVINCE

104 Hans van Rensburg Street,
PIETERSBURG
Private Bag X9512, PIETERSBURG 0700
Tel: (0152) 297-5010
Fax: (0152) 297-5017
Email: PTB@ccma.org.za

CCMA WESTERN CAPE

78 Darling Street,
CAPE TOWN
Private Bag X9167, Cape Town, 8000
Tel: (021) 469-0111
Fax: (021) 465-7197 or 465-7193
Email: CTN@ccma.org.za

VISIT THE CCMA WEBSITE AT:

[Http://www.ccma.org.za](http://www.ccma.org.za)

YOUR CHECKLIST (please tick):

I have completed this form fully and correctly.

I have attached proof (fax slip / registered mail slip / signature of the other party) that this form has been served on the other party (see page 5).

To my knowledge, this dispute is not covered by Bargaining Council, Statutory Council, Private Agency or private procedure.

Yes

Yes

Yes

1. DETAILS OF PARTY REFERRING THE DISPUTE

As the referring party, are you:

- An employee A union official or representative
 An employer an employers organisations' official or representative

(a) If the referring party is an employee

Surname: _____ First Names: _____
Identity number: _____
Postal Address: _____
_____ Postal Code _____
Tel: _____ Cell: _____
Fax: _____ Email: _____

Alternate contact details of employee:

Surname: _____ First Names: _____
Identity number: _____
Postal Address: _____
_____ Postal Code _____
Tel: _____ Cell: _____
Fax: _____ Email: _____

(b) If the referring party is an employer, an employers' organisation or union

Name: _____
Postal Address: _____
_____ Postal Code _____
Tel: _____ Cell: _____
Fax: _____ Email: _____
Contact Person: _____

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

The other party is:

- An employee A union official or representative
 An employer an employers organisations' official or representative

Name: _____
Postal Address: _____
_____ Postal Code _____
Tel: _____ Cell: _____
Fax: _____ Email: _____
Contact Person: _____

Tick the correct box

If you are an **employee** fill in (a) below.

If you are an **employer, union official or representative or an employers organisations' official or representative**, fill out (b) below.

If more than one party is referring the dispute, write the details of the additional parties on a separate page and staple it to this form.

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

Tick the correct box

If there is more than one other party, write the details of the additional parties on a separate page and staple it to this form.

3. NATURE OF THE DISPUTE

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

- Unfair dismissal
- Unfair Labour Practice
- Refusal to Bargain
- Organisational Rights
- Mutual Interest
- Non-renewal of contract
- Unilateral change to terms and conditions of employment
- Severance pay
- Unfair Discrimination
- Interpretation/Breach of employee rights
- Interpretation/Breach of Collective Agreement
- Other (please describe)

Summarise the facts of the dispute you are referring:

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The dispute arose on:
(give the date, day, month and year)

The dispute arose where:
(give the City/Town in which the dispute arose)

4. DETAILS OF DISPUTE PROCEDURES FOLLOWED

Have you followed all internal grievance / disciplinary procedures before coming to the CCMA?

YES	NO
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Describe the procedures followed.

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5. RESULT OF CONCILIATION

What outcome do you require?

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.....

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6. INDUSTRY

Indicate the sector or service in which the dispute arose.

- Retail sector
- Private Security
- Public Service
- Distribution
- Food & Beverage
- Agriculture
- Wholesale
- Building & Construction
- Contract Cleaning
- Domestic
- Other (please describe)

Tick the relevant box

If the dispute concerns dismissals complete Part B (see page 5).

This section must be completed!

The CCMA provides interpretation services for the official South African languages only.

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

Only fill this in if this is a dispute about unilateral change to terms and conditions of employment.

Proof that a copy of this form has been sent could be:

- A fax slip / a registered slip from the Post Office
- A signed receipt if hand delivered.
- A signed statement by the person delivering the form confirming service.

7. SPECIAL FEATURES / ADDITIONAL INFORMATION

(a) Interpretation Services

Do you require an interpreter at the conciliation?

YES	NO
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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>) | |

(b) Other

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

<p>Dispute about unilateral change to terms and conditions of employment (s64(4))</p> <p>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 employment that applied before the change.</p> <p>Signed: (employee party referring the dispute)</p>
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8. INFORMING THE OTHER PARTY

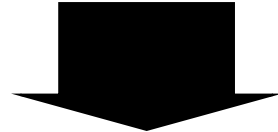
I confirm that a copy of this form has been sent to the other party/parties to the dispute and proof of this is attached to this form.

Signed:

9. CONFIRMATION OF ABOVE DETAILS

Signature of party referring the dispute:

Signed at this day on
place date



LRA Form 7.11
Section 135
Labour Relations Act 1995

Dismissal disputes must be referred (i.e. received by the CCMA) within 30 days of dismissal. If the dismissal was more than 30 days ago, you are required to apply for condonation.

PART B

ADDITIONAL FORM FOR DISMISSAL DISPUTES ONLY



1. COMMENCEMENT OF EMPLOYMENT

When did you start working at the company?

2. NOTICE OF DISMISSAL

Please give the date of your dismissal.

How were you informed of your dismissal?

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

3. REASON FOR DISMISSAL

Why were you dismissed?

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

2. FAIRNESS/UNFAIRNESS OF DISMISSAL

(a) Procedural Issues

Do you think that the dismissal was procedurally unfair?
(Were internal procedures followed?)

YES	NO
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If yes, why?

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(b) Substantive Issues

Do you feel the reason for the dismissal was unfair?

YES	NO
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If yes, why?

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FOR OFFICE USE ONLY

DATE RECEIVED:

NAME OF CMO:

CCMA REF NO:

CHECKLIST:

Do we have sufficient contact details?

YES	NO
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Is the dispute within CCMA Jurisdiction?

YES	NO
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Is there proof that this form has been served on the other party?

YES	NO
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It has been checked that this dispute is not covered by a Bargaining Council or an agreement?

YES	NO
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What is the sector in which the dispute arose?