

LRA Form 7.11
Labour Relations Act 1995
Sections 133, 135, 191(1) and
191(5A)

PART A
REFERRING A DISPUTE TO
THE CCMA FOR CONCILIATION
(INCLUDING CON-ARB)



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 and con-arb.

WHO FILLS IN THIS FORM?

Employer, employee, union or employers' organisation.

WHERE DOES THIS FORM GO?

The Registrar, Provincial Office of the CCMA in the province where the dispute arose. See details on this page

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 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.

You may also need to deal with the dispute in terms of a private procedure if one applies.

If in doubt contact the CCMA 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.

PROVINCIAL OFFICES OF THE CCMA

CCMA EASTERN CAPE – East London

6 Oxford Street
EAST LONDON
Private Bag X9068, EAST LONDON, 5200
Tel: (043) 743-0826
Fax: (043) 743-0810
Email: PE@ccma.org.za

CCMA EASTERN CAPE – Port Elizabeth

CCMA House, 107 Govan Mbeki Avenue
PORT ELIZABETH
Private Bag X22500, PORT ELIZABETH, 6000
Tel: (041) 505-4300
Fax: (041) 586-4585
Email: PE@ccma.org.za

CCMA FREE STATE

CCMA House, Cnr Elizabeth & Westburger Streets
BLOEMFONTEIN
Private Bag X20705, BLOEMFONTEIN, 9300
Tel: (051) 505-4400
Fax: (051) 448-4468/9
Email: BLM@ccma.org.za

CCMA GAUTENG – Johannesburg Regional Office

127 Fox Street
JOHANNESBURG
Private Bag X94, MARSHALLTOWN, 2107
Tel: (011) 220-5000
Fax: (011) 220-5101 / 02/03/04/05 / 0861 392 262
Email: Johannesburg@ccma.org.za

CCMA GAUTENG – Tshwane (Pretoria)

Metro Park Building, 351 Schoeman Street
PRETORIA
Private Bag X176, PRETORIA, 0001
Tel: (012) 392-9700
Fax: (012) 392-9701/2
Email: Pretoria@ccma.org.za

CCMA KWAZULU-NATAL – Durban

Embassy Building, 199 Smith Street
DURBAN
Private Bag X54363, DURBAN, 4000
Tel: (031) 362-2300
Fax: (031) 368-7387 / 7407
Email: KZN@ccma.org.za

CCMA KWAZULU-NATAL – Pietermaritzburg

Gallwey House, Gallwey Lane
PIETERMARITZBURG
PO Box 72, PIETERMARITZBURG, 3200
Tel: (033) 345-9249 / 9271
Fax: (033) 345-9790
Email: KZN@ccma.org.za

CCMA KWAZULU-NATAL – Richards Bay

First Floor, Promenade Building, Cnr Tassel Berry & Lira Link Streets
RICHARDS BAY
Private Bag X1026, RICHARDS BAY, 3900
Tel: (035) 789-0357
Fax: (035) 789-7148
Email: KZN@ccma.org.za

CCMA LIMPOPO

CCMA House, 104 Hans van Rensburg Street
POLOKWANE
Private Bag X9512, POLOKWANE, 0700
Tel: (015) 297-5010
Fax: (015) 297-1649
Email: PTB@ccma.org.za

CCMA MPUMALANGA

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

CCMA NORTHERN CAPE

CCMA House, 5-13 Compound Street
KIMBERLEY
Private Bag X6100, KIMBERLEY, 8300
Tel: (053) 831-6780
Fax: (053) 831-5948
Email: KMB@ccma.org.za

CCMA NORTH WEST - Klerksdorp

CCMA House, 47 Siddle Street
KLERKSDORP
Private Bag X5004, KLERKSDORP, 2570
Tel: (018) 464-0700
Fax: (018) 462-4126
Email: KDP@ccma.org.za

CCMA NORTH WEST - Rustenburg

Shop SG7 11B, 43-45 Boom Street
RUSTENBURG
Private Bag X82104, RUSTENBURG, 0300
Tel: To be confirmed
Fax: (014) 538-1267
Email: To be confirmed

CCMA WESTERN CAPE

CCMA House, 78 Darling Street
CAPE TOWN
Private Bag X9167, CAPE TOWN, 8000
Tel: (021) 469-0111
Fax: (021) 465-7193/7
Email: CTN@ccma.org.za

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 organisation 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

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 organisation 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:.....

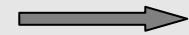
Tel:.....Cell:.....

Fax:.....Email:

Please turn over →

Tick the correct box

If the dispute concerns dismissals, also complete Part B (See Page 5)



This section must be completed!

If necessary write the details on a separate page and attach to this form

UNFAIR LABOUR PRACTICE

If the dispute(s) concerns an unfair labour practice the dispute must be referred (ie. received by the CCMA) 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.

3. NATURE OF THE DISPUTE

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

- Unfair dismissal
- Unfair Labour Practice (Give details)
- Refusal to Bargain
- Organisational Rights
- Mutual Interest
- S80 BCEA
- Unilateral change to terms and conditions of employment
- Severance pay S41 BCEA
- Unfair Discrimination S10 of the Employment Equity Act (Give details)
- Interpretation/ Application of Collective Agreement
- Disclosure of Information
- S19 Skills Development Act
- Freedom of Association
- Unfair Labour Practice (probation)
- 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)

If the dispute concerns a dismissal the date inserted here must be the same as that set out in Item 2 of Part B.

5. DETAILS OF DISPUTE PROCEDURES FOLLOWED

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

Describe the procedures followed:.....

.....

.....

.....

6. RESULT OF CONCILIATION

What outcome do you require?.....

.....

.....

.....

Please turn over

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 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.

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. An objection cannot be made in disputes relating to probation.

7. SECTOR

Indicate the sector or service in which the dispute arose.

- | | | |
|--|--|--|
| <input type="checkbox"/> Retail sector | <input type="checkbox"/> Private Security | <input type="checkbox"/> Public Service |
| <input type="checkbox"/> Mining | <input type="checkbox"/> Paper & Printing | <input type="checkbox"/> Health |
| <input type="checkbox"/> Motor | <input type="checkbox"/> Services | <input type="checkbox"/> Chemical |
| <input type="checkbox"/> Distribution | <input type="checkbox"/> Food & Beverage | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Wholesale | <input type="checkbox"/> Building & Construction | <input type="checkbox"/> Contract Cleaning |
| <input type="checkbox"/> Domestic | <input type="checkbox"/> Other (<i>please describe</i>)..... | |

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 CCMA needs to note:

.....

.....

.....

10. 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 employment that applied before the change.

Signed: (*Employee party referring the dispute*)

11. 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 CCMA Rule 17(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.

12. CONFIRMATION OF ABOVE DETAILS

Signature of party referring the dispute:

Signed at..... on this

(place) (date)

