



**NATIONAL BARGAINING
COUNCIL**
FOR THE PRIVATE SECURITY SECTOR

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

LRA Form 7.11
Labour
Relations Act,
1995 Sections
191, 64(2), 64(4),
74, 9, 24,
186(2)(a),
182(2), 198A-C

READ THIS FIRST



WHAT IS THE PURPOSE OF THIS FORM?

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

WHO FILLS IN THIS FORM?

Employer, employee, trade union or employers' organisation.

OTHER PARTIES

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

WHERE DOES THIS FORM GO?

Golden Acres 15th Floor
Unit 1504
Adderley Street
Cape Town

Email: Capetown@nbcps.org.zaza

WHAT WILL HAPPEN WHEN THIS FORM IS SUBMITTED?

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

1. DETAILS OF PARTY REFERRING DISPUTE

- An employee
- An employer
- Department of Labour
- A trade union
- An employers' organisation

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

Name:

Surname:

Length of service: ID Number:

Salary Gross: Salary Net:

Gender (M/F): Age: Nationality:

Postal Address:

.....Code:

Tel: Cell:

Fax: Email:

Alternative contact details of the employee (representative/relative or friend):

Name:

Surname:

Postal Address:

.....Code:

Tel: Cell:

Fax: Email:

NBCPSS Case Number.....

Please turn over



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 any of the following:

- 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 service by the person delivering the form; or
- A copy of a fax or email confirmation slip; or
- Any other satisfactory proof of service.

Attach supporting documents

The NBCPSS may be requested to assist with service.

UNFAIR LABOUR PRACTICE

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

MUTUAL INTEREST DISPUTES

- Attach the collective agreement on picketing or
- If no collective agreement on picketing, complete Annexure A to this form.
- If referring a request for establishment of picketing rules, complete Annexure A to this form.
- If referring a dispute relating to breach or interpretation of picketing rules, attach a copy of the picketing rules.

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

Name:.....
 Surname (if applicable):.....
 Designation:.....
 Postal Address:.....
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 employer An employer's organisation
- An employee A trade union

Full Name(s):.....

(If company or close corporation, the name of the company or close corporation)

Postal Address:.....

.....Code:.....

Physical Address:.....

.....Code:.....

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

Fax:.....Email:.....

Please turn over

3. NATURE OF THE DISPUTE

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

- Unfair dismissal
- Mutual Interest
- Refusal to Bargain
- Unilateral change to terms & conditions of employment S64(4)
- Disputes by Essential Services employees S74
- Interpretation or application of collective agreement S24
- S198 LRA
- S198A (Temporary Employment)
- S198B (Fixed Term Contract)

- S198C (Part-time Employment)
- Disputes about Freedom of Association S9
- Unfair Labour Practice (probation) [s186(2)(a)]
- Unfair Labour Practice (other) [(182(2)) – *please give details:*

.....
.....

- Other – *please give details:*

.....
.....

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

- Misconduct
- Unknown Reasons
- Poor Work Performance
- Operational Requirements (Retrenchments)
 - Where I was the only employee dismissed
 - Where the employer employs less than ten (10) employees
- Incapacity
- Constructive Dismissal
- Dismissal relating to Probation

Other

This section must be completed!

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

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.....
.....

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

Please turn over

5. DATE AND PLACE 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/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

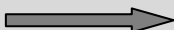
If yes, why

.....
.....

8. RESULT REQUIRED

.....

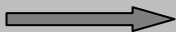
This section must be completed!



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

Please turn over

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



Section 10 of the Employment Equity Act requires the referring party to satisfy the Commission that he/she has attempted to resolve the dispute internally before referring it to the NBCPSS.

Resolving a dispute internally may include engagements with management, filing a grievance and/or following any other process as set out in the company policy.

Failure to make reasonable attempts to resolve the dispute will mean the referral is pre-mature and therefore, the NBCPSS may not have jurisdiction / or power to determine the dispute.

10. INTERPRETER SERVICES

Is an interpreter required? **Yes / No**

- Afrikaans
- IsiXhosa
- Setswana
- Sign Language
- Other
- IsiNdebele
- Sepedi
- Isiswati
- Tshivenda
- IsiZulu
- Sesotho
- Xitsonga

11. CONFIRMATION OF ABOVE DETAILS

Form submitted by:

.....
(please print name)

Signature:

Position:

Date:

Place.....