

LRA Form 7.11  
 Labour Relations Act, 1995  
 Sections 9, 16, 21, 22, 24, 26, 45, 61, 63, 64,  
 72, 74, 86, 89, 94, 134, 191(1), 198 and  
 198A-C  
 Employment Equity Act, 1998  
 Sections 10  
 Basic Conditions of Employment Act, 1997  
 Sections 41 and 80  
 Skills Development Act, 1998  
 Section 19

# REFERRING A DISPUTE TO THE BARGAINING COUNCIL FOR THE FAST FOOD, RESTAURANT, CATERING AND ALLIED TRADES 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 Council for conciliation and con-arb.

**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?**

The Secretary of the Council in the region where the dispute arose.

**OTHER INSTITUTIONS**

Please note that if you are covered by a bargaining council, a statutory council or an accredited agency you have to refer the dispute to the relevant 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 Council for assistance.

**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.

**1. DETAILS OF PARTY REFERRING DISPUTE**

- An employee  A trade union
- An employer  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 employee (representative/relative or friend):**

Name:.....

Surname:.....

Postal Address:.....

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

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

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

**(b) Name of the referring party if the referring party is an employer, 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:.....

**Council 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 confirmation slip; or
- A copy of an email confirmation slip; or
- Any other satisfactory proof of service.

**Attach relevant documents such as collective agreements, etc.**

The Council 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 Council) 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.

**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

Name:.....

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

Surname (if applicable):.....

Postal Address:.....

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

Physical Address:.....

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

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

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

Company or close corporation registration number:.....

If it is an organisational rights dispute, the name of the owner of and/or the person who controls access to the premises where the employees work.

.....

If a Temporary Employment Service (TES) is involved, the name of the TES:

.....

Number of employees employed by the employer:.....

**3. NATURE OF THE DISPUTE**

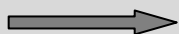
What is the dispute about (tick only one box)?

- |   |  |
|---|--|
| <input type="checkbox"/> Refusal to Bargain                                       | <input type="checkbox"/> Mutual Interest             |
| <input type="checkbox"/> Severance Pay  | <input type="checkbox"/> Organisational Rights       |
| <input type="checkbox"/> Unfair Labour Practice                                   | <input type="checkbox"/> Disclosure of Information   |
| <input type="checkbox"/> Freedom of Association                                   | <input type="checkbox"/> S80 BCEA                    |
| <input type="checkbox"/> Unfair Discrimination - S10 EEA                          | <input type="checkbox"/> S19 SDA                     |
| <input type="checkbox"/> Interpretation/Application of Collective Agreement       |  |
| <input type="checkbox"/> Unilateral Changes to Terms and Conditions of Employment |  |
| <input type="checkbox"/> Dismissal  | <input type="checkbox"/> S198 LRA                    |
| <input type="checkbox"/> S198A LRA (Labour Broker)                                | <input type="checkbox"/> S198B (Fixed Term Contract) |
| <input type="checkbox"/> S198C (Part-time Employment)                             |  |
| <input type="checkbox"/> Other .....  |  |

Please turn over

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

**This section must be completed!**



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

**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
- Other .....
- Incapacity
- Constructive Dismissal
- Dismissal relates to Probation

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

**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/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**

**9. SECTOR**

Indicate the sector or service in which the dispute arose.

- Retail
- Mining
- Building & Construction
- Business/Professional Services
- Agriculture/Farming
- Other .....
- Safety/Security (Private)
- Domestic
- Food & Beverage
- Transport (Private)

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'.

The con-arb process involves arbitration being held immediately after the conciliation if the dispute remains unresolved.

If the employer objects to the arbitration commencing immediately after the conciliation the employer must submit a written notice in terms of Council 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.

**10. INTERPRETER SERVICES**

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

- |  |                                     |                                   |
|--|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> Afrikaans     | <input type="checkbox"/> IsiNdebele | <input type="checkbox"/> IsiZulu  |
| <input type="checkbox"/> IsiXosa       | <input type="checkbox"/> Sepedi     | <input type="checkbox"/> SeSotho  |
| <input type="checkbox"/> Setswana      | <input type="checkbox"/> IsiSwati   | <input type="checkbox"/> Xitsonga |
| <input type="checkbox"/> Sign Language | <input type="checkbox"/> Tshivenda  |                                   |
| <input type="checkbox"/> Other .....   |                                     |                                   |

**11. DISCRIMINATION MATTER**

If it is a discrimination dispute, have you attempted to resolve the disputed?

Yes		No	
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(If written confirmation is available, please attach)

**12. 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

The parties must attend the conciliation regardless of whether there is an objection.

**13. CONFIRMATION OF ABOVE DETAILS**

Form submitted by:  
.....  
(please print name)

Signature: .....

Position: .....

Date: .....

Place.....