



P.O. Box 878  
Florida Hills, 1716

**Fax to Email:**

Head Office: 086 557 0850

Secretary: 086 557 5392

**Email:**

[headoffice@bcffrcat.co.za](mailto:headoffice@bcffrcat.co.za)

[secretary@bcffrcat.co.za](mailto:secretary@bcffrcat.co.za)

Website: [www.bcffrcat.co.za](http://www.bcffrcat.co.za)

**BARGAINING COUNCIL FOR THE FAST FOOD, RESTAURANT, CATERING AND ALLIED TRADES**

The Secretary,

Sir/Madam,

**LODGING OF COMPLAINT WITH THE BARGAINING COUNCIL**



Read this first

**WHAT IS THE PURPOSE OF THIS FORM?**

To record a complaint

**WHO COMPLETES THIS FORM?**

The complainant(s)

**WHERE DOES THIS FORM GO?**

The Bargaining Council for the Fast Food, Restaurant, Catering and Allied Trades. PO Box 878, Florida Hills, 1716

Tel: 011 675 0878

Fax: 011 675 0870

**NB! It is the responsibility of the party lodging the complaint to ensure that all documentation is fully completed and served on the employer before submission to the Bargaining Council. Incomplete documentation may delay the progress.**

**1. DETAILS OF EMPLOYEE**

I/We the undersigned being  an employee,  a trade union, refer the following complaint to the Bargaining Council to be investigated:

Surname: \_\_\_\_\_ First Names: \_\_\_\_\_

Identity Number: \_\_\_\_\_

Employed as: \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Tell: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**NB!** If the referring party is a trade union, please indicate if you are a party to the Statutory Council  Yes  No

Name of Trade Union: \_\_\_\_\_

**2. DETAILS OF EMPLOYER**

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Street Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Tell: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**3. DETAILS OF EMPLOYMENT:**

Started: \_\_\_\_\_ Salary/Wage: \_\_\_\_\_

Left: \_\_\_\_\_ Occupation: \_\_\_\_\_

Duties: \_\_\_\_\_ Working Hours: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Days per week: \_\_\_\_\_

**4. NATURE OF DISPUTE**

- Non – payment of Overtime       Annual Leave       Sick Leave
- Non – payment for work on Public Holidays       Maternity Leave       Other
- Non – payment Pro rata Leave

**5. SUMMARISE THE NATURE OF THE COMPLAINT:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**6. DETAILS OF DISPUTE PROCEDURES FOLLOWED**

a) Have all internal grievance procedures been followed and exhausted? (If not, a full explanation and reason must be stated)

- Yes  No

Describe the procedures followed:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**7. SECTOR**

Indicate the sector in which the complaint arose:

- Restaurant       Catering       Café  Fish & Chips       Take away food       Roadhouse
- Tea Room       Other: \_\_\_\_\_

**8. SIGNATURE OF COMPLAINANT Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_