

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

107 Govan Mbeki Street
PORT ELIZABETH
Private Bag X22500, PORT ELIZABETH
6000
Tel: (041) 505 4300
Fax: (041) 586-4585
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) 377-6678/58/80
Email: GAUTENG@ccma.org.za

CCMA KWAZULU NATAL

Garlicks Chambers, 61 Field Street,
DURBAN
Private Bag X54363, Durban 4000
Tel: (031) 362 - 2300
Fax: (031) 306-5402
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

CCMA House 47 Siddle Street,
KLERKSDORP
Private Bag X5004, KLERKSDORP, 2571
Tel: (018) 464-0700
Fax: (018) 462-4126
Email: KDR@ccma.org.za

CCMA NORTHERN CAPE

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

CCMA LIMPOPO

104 Hans van Rensburg Street,
POLOKWANE, 0699
Private Bag X9512, POLOKWANE 0700
Tel: (015) 297-5010
Fax: (015) 297-1649
Email: PTB@ccma.org.za

CCMA WESTERN CAPE

CCMA House, 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>

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:

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> An employee | <input type="checkbox"/> A trade union |
| <input type="checkbox"/> An employer | <input type="checkbox"/> 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:

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> An employee | <input type="checkbox"/> A trade union |
| <input type="checkbox"/> An employer | <input type="checkbox"/> 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)?

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



LRA Form 7.11
Section 135
Labour Relations Act 1995
Section 191(5A)

PART B

ADDITIONAL FORM FOR DISMISSAL DISPUTES ONLY

DATE OF REFERRAL

Dismissal disputes must be referred (i.e. received by the CCMA) within **30 days** of dismissal or, if it is a later date, within 30 days of the employer making a final decision to dismiss or to uphold the dismissal. If more than 30 days has elapsed since the date of your dismissal, you are required to apply for condonation.

Tick the correct box ☒

Tick the correct box ☒

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

1. COMMENCEMENT OF EMPLOYMENT

When did you start working at the company?

2. NOTICE OF DISMISSAL

When were you dismissed (date)?

How were you informed of your dismissal?

☐ In writing

☐ Orally

☐ Other (*please describe*)

3. REASON FOR DISMISSAL

Why were you dismissed?

☐ Misconduct

☐ Incapacity

☐ Operational Requirements
(Retrenchment)

☐ Unknown

☐ Constructive

☐ Other (please describe)

4. WAS THE DISMISSAL RELATED TO PROBATION ☐ Yes ☐ NO

5. FAIRNESS/UNFAIRNESS OF DISMISSAL

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

.....
.....
.....