

# **PART A**

## **REFERRING A DISPUTE TO THE CCMA FOR CONCILIATION**

### **PROVINCIAL OFFICES OF THE CCMA**

#### **CCMA EASTERN CAPE**

107 Govan Mbeki Street  
2<sup>nd</sup> Floor, Old Garlicks Building  
PORT ELIZABETH  
Private Bag X22500, PORT ELIZABETH 6000  
**Tel: (041) 586-4466**  
**Fax: (041) 586-4585/6**  
Email: [PE@ccma.org.za](mailto:PE@ccma.org.za)

#### **CCMA FREE STATE**

NBS Building, cnr Elizabeth & Westburger Street  
BLOEMFONTEIN  
Private Bag X20705, BLOEMFONTEIN, 9300  
**Tel: (051) 448-3650**  
**Fax: (051) 448-4468/9**  
Email: [BLM@ccma.org.za](mailto: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**  
Email: [GAUTENG@ccma.org.za](mailto:GAUTENG@ccma.org.za)

#### **CCMA KWAZULU NATAL**

Garlicks Chambers, 375 West Street,  
DURBAN  
Private Bag X54363, Durban 4000  
**Tel: (031) 306-5454**  
**Fax: (031) 306-5401/4**  
Email: [KZN@ccma.org.za](mailto:KZN@ccma.org.za)

#### **CCMA MPUMALANGA**

CCMA House, Eadie Street  
WITBANK  
Private Bag X7290, WITBANK 1035  
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**Fax: (013) 656-2885/6**  
Email: [WTB@ccma.org.za](mailto:WTB@ccma.org.za)

#### **CCMA NORTH WEST PROVINCE**

47-51 Siddle Street,  
KLERKSDORP  
Private Bag X5004, KLERKSDORP, 2571  
**Tel: (018) 462-3137**  
**Fax: (018) 462-4126**  
Email: [KDR@ccma.org.za](mailto:KDR@ccma.org.za)

#### **CCMA NORTHERN CAPE**

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

#### **CCMA NORTHERN PROVINCE**

104 Hans van Rensburg Street,  
PIETERSBURG  
Private Bag X9512, PIETERSBURG 0700  
**Tel: (0152) 297-5010**  
**Fax: (0152) 297-5017**  
Email: [PTB@ccma.org.za](mailto:PTB@ccma.org.za)

#### **CCMA WESTERN CAPE**

78 Darling Street,  
CAPE TOWN  
Private Bag X9167, Cape Town, 8000  
**Tel: (021) 469-0111**  
**Fax: (021) 457197**  
Email: [CTN@ccma.org.za](mailto:CTN@ccma.org.za)

**VISIT THE CCMA WEBSITE AT:**  
**[Http://www.ccma.org.za](http://www.ccma.org.za)**

#### **YOUR CHECKLIST (please tick):**

I have completed this form fully and correctly.	Yes
I have attached proof (fax slip / registered mail slip / signature of the other party) that this form has been served on the other party (see page 5).	Yes
To my knowledge, this dispute is not covered by Bargaining Council, Statutory Council, Private Agency or private procedure.	Yes

**1. DETAILS OF PARTY REFERRING THE DISPUTE**

As the referring party, are you:

An employee

A union official or representative

An employer

an employers organisations' official or representative

**(a) If the referring party is an employee**

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

Identity number: \_\_\_\_\_

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

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

Tel: Cell: \_\_\_\_\_  
\_\_\_\_\_

Fax: Email: \_\_\_\_\_

Alternate contact details of employee: \_\_\_\_\_  
\_\_\_\_\_

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

Identity number: \_\_\_\_\_

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

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

Tel: Cell: \_\_\_\_\_  
\_\_\_\_\_

Fax: Email: \_\_\_\_\_

**(b) If the referring party is an employer, an employers' organisation or union**

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

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

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

Tel: Cell: \_\_\_\_\_  
\_\_\_\_\_

Fax: Email: \_\_\_\_\_

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

**1. DETAILS OF THE OTHER PARTY (PARTY WITH WHOM YOU ARE IN DISPUTE)**

The other party is:

An employee

A union official or representative

An employer

an employers organisations' official or representative

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

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

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

Tel: Cell: \_\_\_\_\_

Fax: Email: \_\_\_\_\_

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

2. **NATURE OF THE DISPUTE**

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

Unfair dismissal

Unfair Labour Practice

Refusal to Bargain

Organisational Rights

Mutual Interest

Non-renewal of contract

Unilateral change to terms and conditions of employment

Severance pay

Unfair Discrimination

Interpretation/Breach of employee rights

Interpretation/Breach of Collective Agreement

Other (please describe)

Summarise the facts of the dispute you are referring:


The dispute arose on:

(give the date, day, month and year)

The dispute arose where:

(give the City/Town in which the dispute arose)

1. **DETAILS OF DISPUTE PROCEDURES FOLLOWED**

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


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**1. RESULT OF CONCILIATION**

What outcome do you require?


**1. INDUSTRY**

Indicate the sector or service in which the dispute arose.

Retail sector

Private Security

Public Service

Distribution

Food & Beverage

Agriculture

Wholesale

Building & Construction

Contract Cleaning

Other (please describe) \_\_\_\_\_

Domestic

**6. SPECIAL FEATURES / ADDITIONAL INFORMATION**

**a. Interpretation Services**

Do you require an interpreter at the conciliation?	YES	NO
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If yes, please indicate for what language:

Afrikaans

isiNdebele

isiZulu

isiXhosa

Sepedi

Sesotho

Setswana

siSwati

Xitsonga

Other (please indicate) \_\_\_\_\_

Tshivenda

**a. Other**

Briefly outline any special features / additional information the CCMA needs to note:


**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)

**1. INFORMING THE OTHER PARTY**

I confirm that a copy of this form has been sent to the other party/parties to the dispute and proof of this is attached to this form.

Signed:

\_\_\_\_\_

**2. CONFIRMATION OF ABOVE DETAILS**

Signature of party referring the dispute: \_\_\_\_\_

Signed at this day on \_\_\_\_\_

\_\_\_\_\_ date \_\_\_\_\_



**PART B**  
**ADDITIONAL FORM FOR**  
**DISMISSAL DISPUTES ONLY**

**1. COMMENCEMENT OF EMPLOYMENT**

When did you start working at the company? \_\_\_\_\_

**2. NOTICE OF DISMISSAL**

Please give the date of your dismissal. \_\_\_\_\_

How were you informed of your dismissal?

By letter

Verbally

At/After a disciplinary hearing

Constructive

Other (please describe) \_\_\_\_\_

**1. REASON FOR DISMISSAL**

Why were you dismissed?

Misconduct

Incapacity

Operational  
Requirements  
(Retrenchment)

Unknown

Other (please describe) \_\_\_\_\_

**1. FAIRNESS/UNFAIRNESS OF DISMISSAL**

**(a) Procedural Issues**

Do you think that the dismissal was procedurally unfair? (Were internal procedures followed?)	YES	NO
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If yes, why?

\_\_\_\_\_  
\_\_\_\_\_

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**(b) Substantive Issues**

Do you feel the reason for the dismissal was unfair?	YES	NO
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If yes, why?


<b>FOR OFFICE USE ONLY</b>			
DATE RECEIVED: _____			
NAME OF CMO: _____			
CCMA REF NO: _____			
<b>CHECKLIST:</b>			
Do we have sufficient contact details?	YES	NO	
Is the dispute within CCMA Jurisdiction?	YES	NO	
Is there proof that this form has been served on the other party?	YES	NO	
It has been checked that this dispute is not covered by a Bargaining Council or an agreement?	YES	NO	
What is the sector in which the dispute arose?	_____		