

LRA Form 7.11
Labour Relations Act, 1995

**REFERRING A DISPUTE TO
THE BUILDING INDUSTRY
BARGAINING COUNCIL (BIBC)
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 BIBC

WHO FILLS IN THIS FORM?

Employee or Trade Union

WHERE DOES THIS FORM GO?

The Secretary of the Building Industry Bargaining Council Cape of Good Hope (BIBC). See details on this page

**WHAT WILL HAPPEN WHEN THIS
FORM IS SUBMITTED?**

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

**OFFICES OF THE BUILDING INDUSTRY BARGAINING COUNCIL
CAPE OF GOOD HOPE**

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BELLVILLE
7530
(Private Bag X29, Bellville)
Tel: (021) 950 7400
Email: bibc@bibc.co.za

29 Lady Grey Street
Garlink Building
PAARL
7646
(P O Box 323, Paarl)
Tel: (021) 872 1505
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7 Oak Street
Seven Oak Centre
SOMERSET WEST
7130
(Private Bag X29, Bellville)
Tel: (021) 851 2160
Fax: (021) 950 7404

2 Argon Street
SANDBAAI
7200
(P O Box 1825, Hermanus)
Tel: (028) 312 2861
Fax: (028) 312 2866

READ THIS FIRST



The name of the employee that is referring the dispute must be filled in (a)

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.

If Trade Union assist member/s, please provide name or attach list of members

1. DETAILS OF PARTY REFERRING DISPUTE

- An employee
- A trade union

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

Name & Surname:

Length of service:..... Salary:.....

ID Number:..... Gender (M/F).....

Nationality.....

Address:.....

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

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

Fax:..... Email:

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

Name & Surname:

Address:.....

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

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

Fax:..... Email:

(b) Name of the referring party if the referring party is a trade union, or if the trade union is assisting a member/s to the dispute (please provide name of member or attach list of members)

Trade Union:.....

Union Official / Contact Person:.....

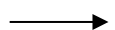
Address:.....

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

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

Fax:..... Email:

Please turn over



UNFAIR DISMISSAL

If the dispute concerns an unfair dismissal the dispute must be referred (i.e. received by the BIBC) within 30 calendar days from the date of dismissal. If more than 30 calendar days has lapsed you are required to apply for condonation.

UNFAIR LABOUR PRACTICE

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

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

**2. DETAILS OF THE OTHER PARTY (EMPLOYER) /
(PARTY WITH WHOM YOU ARE IN DISPUTE)**

The other party is:

- An employer An employer's organisation

Name of Company.....

Contact Person:.....

Address:.....

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

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

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

3. NATURE OF THE DISPUTE

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

- | | |
|---|--|
| <input type="checkbox"/> Dismissal | <input type="checkbox"/> Severance Pay |
| <input type="checkbox"/> Unfair Labour Practice | <input type="checkbox"/> Mutual Interest |
| <input type="checkbox"/> Termination of Contract | |
| <input type="checkbox"/> Interpretation/Application of Collective Agreement | |
| <input type="checkbox"/> Unilateral Changes to Terms and Conditions of Employment | |
| <input type="checkbox"/> Other | |

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

- | | |
|--|---|
| <input type="checkbox"/> Misconduct | <input type="checkbox"/> Incapacity |
| <input type="checkbox"/> Unknown Reasons | <input type="checkbox"/> Constructive Dismissal |
| <input type="checkbox"/> Poor Work Performance | <input type="checkbox"/> Dismissal relates to Probation |
| <input type="checkbox"/> Operational Requirements (Retrenchments) | |
| <input type="checkbox"/> where I was the only employee dismissed | |
| <input type="checkbox"/> where the employer employs less than ten (10) employees | |
| <input type="checkbox"/> Other | |

This section must be completed!



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

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.

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

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

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 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.

9. INTERPRETER SERVICES

Is an interpreter required? **Yes/No (if yes, tick box)**

Afrikaans IsiXhosa IsiZulu

Other:

10. 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.

11. CONFIRMATION OF ABOVE DETAILS

Form submitted by:

.....
(please print name)

Signature:

Position:

Date:

Place.....

PROOF OF SERVICE

If the referral is delivered by hand, complete the following:

Name of Applicant (Employee):

Name of Company (Employer):

Referral was received by (print name)

..... (signature)

On..... (date)

If delivered by hand and written acknowledgement of receipt was not obtained, leave a copy with the employer and complete the Affidavit below, ensure that it is signed in the presence of a Commissioner of Oaths.

AFFIDAVIT

I (name of applicant/employee)..... ,

ID No..... do hereby declare under oath that:

I delivered by hand a copy of the Referral to

.....(name of employer/company)

At (address)

On..... (date of delivery), and I was unable to obtain written acknowledgement of receipt therefore.

Signature of applicant (employee):

Signed before me on..... (date)

at

Commissioner of Oaths..... (Name)

..... (Signature)

Capacity:

.....