

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, 69(5), 73A, 80, 84

Skills Development Act, 1998

Section 19

National Minimum Wage Act, 2018

Section 4(8)

**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, 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 Registrar, Regional Office of the CCMA 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 CCMA for assistance.

**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.

1. DETAILS OF PARTY REFERRING DISPUTE

- ☐ An employee ☐ A trade union
☐ An employer ☐ An employers' organisation
☐ Department of Labour

(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 the employee (representative/relative or friend):

Name:.....

Surname:.....

Postal Address:.....

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

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

Fax:..... Email:

CCMA 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 or email confirmation slip; or
- Any other satisfactory proof of service.

Attach supporting documents

The CCMA 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 CCMA) 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.

NATIONAL MINIMUM WAGE DISPUTES

Disputes emanating from the NMWA and referred either in terms of S4(8) of the NMWA or S73A of the BCEA may be referred by any person who works for another and who receives or is entitled to receive any payment for that work.

MUTUAL INTEREST DISPUTES

- Attach the collective agreement on picketing or
- If no collective agreement on picketing, complete Annexure A to this form.
- If referring a request for establishment of picketing rules, complete Annexure A to this form.
- If referring a dispute relating to breach or interpretation of picketing rules, attach a copy of the picketing rules.

DISPUTES RELATING TO COMPLIANCE ORDERS

If referring a dispute relating to a compliance order, the order must be attached to this form. If the dispute is referred after the date on which compliance was due you are required to apply for condonation.

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

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

The other party is:

- ☐ An employer ☐ An employer's organisation ☐ Department of Labour
☐ An employee ☐ A trade union
☐ Other, Specify.....

(E.g. Temporary Employment Service, owner of the premises or person who controls access to the premises where employees work if it's an organisational rights dispute etc.)

Full Name(s):.....

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

Postal Address:.....

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

Physical Address:.....

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

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

Fax:..... Email:

Company or close corporation registration number:

Number of employees employed by the employer:

Please turn over



3. NATURE OF THE DISPUTE

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

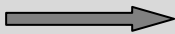
- | | |
|---|--|
| ☐ Dismissal | ☐ Mutual Interest |
| ☐ Severance Pay | ☐ Organisation Rights |
| ☐ Unfair Labour Practice | ☐ Disclosure of Information |
| ☐ Freedom of Association | ☐ S80 BCEA |
| ☐ Unfair Discrimination – S10 EEA | ☐ S19 SDA |
| ☐ Interpretation / Application of Collective Agreement | ☐ S198 LRA |
| ☐ Disputes relating to breach of collective agreement, picketing agreement or picketing rules - S69(8) | ☐ S198B (Fixed Term Contract) |
| ☐ Unilateral Changes to Terms and Conditions of Employment – S64 LRA | ☐ S84 BCEA |
| ☐ Refusal to Bargain | ☐ Breach of picketing rules |
| ☐ S198A LRA (Temporary Employment) | |
| ☐ S198C (Part-time Employment) | |
| ☐ Application for determination of Picketing Rules – S69(6B) | |
| ☐ S198A(4) LRA (Dismissal) | |
| ☐ S198A(5) LRA (Unfavorable treatment) | |
| ☐ Unilateral Changes to Terms and Conditions of Employment S4(8) NMWA | |
| ☐ S73A of the BCEA (Claims for monies owing in terms of the NMWA) | |
| ☐ S73A (Other claims for failure to pay amounts owing) | |
| ☐ S69(5) BCEA (Dispute relating to Compliance orders) | |
| ☐ Other | |

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

- | | |
|--|--|
| ☐ Misconduct | ☐ Incapacity |
| ☐ Unknown Reasons | ☐ Constructive Dismissal |
| ☐ Poor Work Performance | ☐ Dismissal relating to Probation |
| ☐ Operational Requirements (Retrenchments) | |
| ☐ Where I was the only employee dismissed | |
| ☐ Where the employer employs less than ten (10) employees | |

Other

This section must be completed!



(If referring a dispute relating to amounts owing in terms of section 73A of the BCEA, please provide details relating thereto)

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

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

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

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Please turn over



5. DATE AND PLACE 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?

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.....

(b) Substantive Issues

Was the reason for the dismissal unfair? Yes ☐ No ☐
If yes, why?

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.....

8. RESULT REQUIRED

.....

9. SECTOR

Indicate the sector or service in which the dispute arose.

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

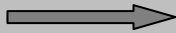
This section must be completed!



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

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'.



Section 10 of the Employment Equity Act requires the referring party to satisfy the Commission that he/she has attempted to resolve the dispute internally before referring it to the CCMA.

Resolving a dispute internally may include engagements with management, filing a grievance and/or following any other process as set out in the company policy.

Failure to make reasonable attempts to resolve the dispute will mean the referral is pre-mature and therefore, the CCMA may not have jurisdiction / or power to determine the dispute.

10. INTERPRETER SERVICES

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

- | | | |
|--|-------------------------------------|-----------------------------------|
| ☐ Afrikaans | ☐ IsiNdebele | ☐ IsiZulu |
| ☐ IsiXhosa | ☐ Sepedi | ☐ SeSotho |
| ☐ Setswana | ☐ IsiSwati | ☐ Xitsonga |
| ☐ Sign Language | ☐ Tshivenda | |
| ☐ Other | | |

11. DISCRIMINATION MATTER

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

Yes		No	
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If yes specify steps taken to resolve the dispute and if no, provide reasons for not attempting to resolve the dispute internally:

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(If written confirmation is available, please attach)

12. CONFIRMATION OF ABOVE DETAILS

Form submitted by:

.....
(please print name)

Signature:

Position:

Date:

Place.....



COMMISSION FOR CONCILIATION, MEDIATION & ARBITRATION

TO THE CCMA

PROTECTION OF PERSONAL INFORMATION ACT, 4 OF 2013

By signing this referral form, I/we hereby grant my/our voluntary consent that my/our personal information may be processed, collected, used and disclosed in compliance with the Protection of Personal Information Act, 4 of 2013. I/we furthermore agree that my/our personal information may be used for the lawful and reasonable purposes in as far as the CCMA (responsible party) must use my/our information in the performance of its public legal duty. I/we understand that my/our personal information may be disclosed to a third party in as far as the CCMA must fulfil its public legal duty. I/we furthermore understand that there are instances in terms of abovementioned Act where my express consent is not necessary to permit the processing of personal information, which may be related to litigation or when the information is publicly available. Further details are available on the CCMA website.

SIGNED AT _____ ON THIS _____ DAY OF _____ 202__

INITIAL AND SURNAME: _____

SIGNATURE: _____