

**PART A  
REFERRING A DISPUTE TO THE DRC 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 DRC for conciliation and con-arb.

**WHO FILLS IN THIS FORM?**

Employer, employee, union or employers' organisation.

**WHERE DOES THIS FORM GO?**

The office of the Provincial Commissioner of the DRC 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 DRC, it will appoint a Commissioner who must attempt to resolve the dispute within 30 days.

**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.**

**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.**

**PLEASE ENSURE THAT THIS FORM IS COMPLETED IN FULL IN ORDER FOR THE REFERRAL TO BE PROCESSED WITHOUT UNNECESSARY DELAYS.**

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**

**HON / PROF / DR / MR / MS (Please circle)**

Name: .....

ID NUMBER: .....

Postal Address: .....

..... Postal Code: .....

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

Fax: ..... E-mail: .....

These alternate contact details should be of a union official or representative, a relative or a friend.

Alternate contact details of employee:

Name: .....

Postal Address: .....

..... Postal Code: .....

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

Fax: ..... E-mail: .....

The name of the trade union or employer's organization 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.

**(b) Name of the referring party if the referring party is an employer's organization or trade union, or if the employer's organization is assisting a member to the dispute.**

Name: .....

Postal Address: .....

..... Postal Code: .....

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

Fax: ..... E-mail: .....

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

The other party is:

- An employee                       A trade union
- An employer                       An employer's organization

Name: .....

Postal Address: .....

..... Postal Code: .....

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

Fax: ..... E-mail: .....

**3. NATURE OF THE DISPUTE**

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

- Unfair dismissal                       Unfair Labour Practice (Give details)
- Mutual Interest                       Severance pay  
S41 BCEA
- Unilateral change to terms  
and conditions of employment                       Unfair Labour Practice (probation)
- Other (please describe) .....

**UNFAIR LABOUR PRACTICE**

If the dispute(s) concerns an unfair labour practice the dispute must be referred (i.e. received by the DRC) 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.

*This section must be completed!*

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

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)

**5. DETAILS OF DISPUTE PROCEDURES FOLLOWED**

Have you followed all internal grievance/disciplinary procedures

before coming to the DRC?  YES  NO

Describe the procedures followed: .....

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.....

**6. RESULT OF CONCILIATION**

What outcome do you require? .....

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**7. TYPE OF INDUSTRY**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Car Wash      | <input type="checkbox"/> Panel Beating     | <input type="checkbox"/> Parking        |
| <input type="checkbox"/> Scrap Yard    | <input type="checkbox"/> Service Station   | <input type="checkbox"/> Towing         |
| <input type="checkbox"/> Tyre Fitting  | <input type="checkbox"/> Vehicle Sales     | <input type="checkbox"/> Vehicle Spares |
| <input type="checkbox"/> Vehicle Valet | <input type="checkbox"/> Car Manufacturing | <input type="checkbox"/> Truck Manuf.   |

**8. INTERPRETATION SERVICES**

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

Parties may, at their own cost, bring interpreters for languages other than the official South African languages. Please indicate this under 'other'.

- |                                    |  |                                    |
|------------------------------------|--|------------------------------------|
| <input type="checkbox"/> Afrikaans | <input type="checkbox"/> isiNdebele                    | <input type="checkbox"/> isiZulu   |
| <input type="checkbox"/> siXhosa   | <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 (please indicate) ..... |                                    |

**9. SPECIAL FEATURES/ADDITIONAL INFORMATION**

Special features might be the urgency of the matter, the large number of people involved, important legal or labour issues etc.

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

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**10. DISPUTE ABOUT UNILATERAL CHANGE TO TERMS AND CONDITIONS OF EMPLOYMENT (s64 (4))**

Only fill this in if this is a dispute about unilateral change to terms and conditions of employment.

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

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.

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 DRC 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)

**NOTE:** If the Dispute Referral is delivered by hand, attach this page as proof of delivery, to the referral.

**DISPUTE**

**APPLICANT:**

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**RESPONDENT:**

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**Referral was received by:**

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**(Print Name)**

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**(Signature of Recipient)**

**(For respondent)**

**On:**

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**(Date)**

**NOTE:** If the referral was delivered by hand, and written acknowledgement of receipt was not obtained, the AFFIDAVIT overleaf must be completed. Kindly ensure that it is signed in the presence of a COMMISSIONER OF OATHS, and attach the completed AFFIDAVIT to the referral.

**AFFIDAVIT**

I, the undersigned, an adult male/female (delete which is not applicable)

ID NO: \_\_\_\_\_

In my capacity as \_\_\_\_\_

do hereby declare, under oath, that:

I delivered, by hand, a copy of the dispute referral to \_\_\_\_\_  
(Name of Recipient)

at \_\_\_\_\_  
(Name of Respondent)

on \_\_\_\_\_ and I was unable to obtain written receipt therefor.  
(Date of Delivery)

THUS SIGNED AT \_\_\_\_\_ ON THIS \_\_\_\_\_ DAY

OF \_\_\_\_\_ 20\_\_\_\_\_.

COMMISSIONER OF OATHS

PART B  
ADDITIONAL FORM FOR DISMISSAL DISPUTES ONLY

DATE OF REFERRAL

Dismissal disputes must be referred (i.e. received by the DRC) 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 .

**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

Constructive       Operational Requirements  
(Retrenchment)

Unknown

Other (*please describe*) .....

**4. WAS THE DISMISSAL RELATED TO PROBATION?**       YES       NO

**5. FAIRNESS/UNFAIRNESS OF DISMISSAL**

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

**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?

.....  
.....  
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