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
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: ............................................
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)  ☐ S198A(4) LRA (Dismissal)
☐ S198C (Part-time Employment)  ☐ S198A(5) LRA (Unfavorable treatment)
☐ Application for determination of Picketing Rules – S69(6B)  ☐ Unilateral Changes to Terms and Conditions of Employment S4(8) NMWA
☐ S198A(4) LRA (Dismissal)  ☐ S73A of the BCEA (Claims for monies owing in terms of the NMWA)
☐ S198A(5) LRA (Unfavorable treatment)  ☐ S73A (Other claims for failure to pay amounts owing)
☐ Unilateral Changes to Terms and Conditions of Employment S4(8) NMWA  ☐ S69(5) BCEA (Dispute relating to Compliance orders)
☐ S73A of the BCEA (Claims for monies owing in terms of the NMWA)  ☐ Other …………………………………………………………………………………
☐ 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 I was the only employee dismissed  ☐ Where the employer employs less than ten (10) employees
☐ Where the employer employs less than ten (10) employees  ☐ Other …………………………………………………………………………………

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?

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

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

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

(b) **Substantive Issues**

Was the reason for the dismissal unfair? Yes ☐ No ☐

If yes, why

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

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

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

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 ..................................................................................................
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 premature and therefore, the CCMA may not have jurisdiction / or power to determine the dispute.

### 10. INTERPRETER SERVICES

<table>
<thead>
<tr>
<th>Language</th>
<th>Code</th>
</tr>
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<tbody>
<tr>
<td>Afrikaans</td>
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<tr>
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<td>Sign Language</td>
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<td>Tshivenda</td>
<td></td>
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<tr>
<td>Other</td>
<td></td>
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</tbody>
</table>

### 11. DISCRIMINATION MATTER

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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</table>

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………………………………………………………………………………