FURNITURE BARGAINING COUNCIL

Unit 2, Ground[t] Floor ♦ Block C ♦ Hadefields Office Park ♦ 1267 Pretorius Street ♦ Hatfield ♦ Pretoria
Correspondence to be addressed to: THE REGIONAL MANAGER ♦ Post Office Box 57086 ♦ Arcadia ♦ 0007
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PART A

REFERRING A DISPUTE TO THE BARGAINING COUNCIL FOR CONCILIATION

(INCLUDING CON-ARB)

FOR OFFICE USE ONLY

EMPLOYER: _____

DISPUTE DATE: _____

DATE RECEIVED: _____

NAME OF CMO: _____

COUNCIL REF NO: _____

CHECKLIST:

Do we have sufficient contact details?	**YES**	**NO**
Is the dispute within the Council's 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 CCMA or an agreement?	**YES**	**NO**

What is the sector in which the dispute arose? _____

PART A

REFERRING A DISPUTE TO THE BARGAINING COUNCIL FOR CONCILIATION (Including CON-ARB)

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

Tick the box - As the referring party, you are:

☐ Bargaining Council

☐ an employee ☐ a union official or representative

☐ an employer ☐ an employers' organisation's official or representative

If you are an employee complete (a) below and if you are an union official or representative, an employer or an employers' organisation official or representative complete (b).

a) **If the referring party is an employee / Bargaining Council**

Surname: _____ First Names: _____

Identity number: _____

Postal Address: _____

_____Postal Code _____

Tel: _____ Cell: _____

Fax: _____ Email: _____

Alternative contact details of employee (e.g. relative or a friend).

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**

If an union or employers organisation is helping you with the dispute give their details too.
If more than one party is referring the dispute, write their details on a separate page and staple it to this form.

Name: _____

Postal Address: _____

_____Postal Code _____

Tel: _____ Cell: _____

Fax: _____ Email: _____

Contact person: _____

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

Tick the box - As the referring party, you are:

☐ an employee ☐ a union official or representative

☐ an employer ☐ an employers' organisation's official or representative

Name: _____

Physical Address: _____

_____Postal Code_____

Tel: _____ Cell: _____

Fax: _____ Email: _____

Contact person: _____

3. NATURE OF DISPUTE

Describe the issues involved. The list on page 7 should help you. Your description will assist the Council in dealing with the matter. It is not meant to bind you.

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)

4. **DETAILS OF DISPUTE PROCEDURES FOLLOWED**

Have you followed all internal grievance / disciplinary Procedures before coming to the Council? **YES** **NO**

Describe the procedures followed:

_____

_____

_____

_____

5. **RESULT OF CONCILIATION**

What outcome do you require?

_____

_____

_____

6. **INDUSTRY**

☐ Furniture Industry

☐ Other (please describe) _____

7. **SPECIAL FEATURES / ADDITIONAL INFORMATION**

(a) **Interpertation Services**

Do you require an interpreter at the conciliation? **YES** **NO**

If yes, please indicate for what language:

☐ Afrikaans ☐ isiNdebele ☐ isiZulu ☐ isiXhosa

☐ Sepedi ☐ Sesotho ☐ Setswana ☐ siSwati

☐ Tshivenda ☐ Xitsonga ☐ Other (please indicate) _____

(b) **Other**

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

_____

_____

8. **Delete the box below if inapplicable**

Dispute about unilateral change to terms and conditions of employment (section 64(4))

I/we require that the employer party not implement unilaterally the proposed changes that led to this dispute after 30 days, or that it restore the terms and conditions of employment that applied before the change.

Signed _____ (party referring the dispute).

9. **OBJECTION TO CON-ARB PROCESS**:

I, We object to the Arbitration commencing immediately after Conciliation in terms of Section 191 (5A)(c).

Signed _____

If the employer objects to the Arbitration commencing immediately after Conciliation the employer must submit a written notice in terms of CCMA Rule 17(2) at least 7 (seven) days prior to the scheduled date of Conciliation. The employer must attend the Conciliation regardless of whether it makes the objection.

10. **CONFIRMATION OF ABOVE DETAILS:**

Signature of party referring the dispute _____

Signed at _____ on this _____ day of _____ 200__.

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) _____

3. **REASON FOR DISMISSAL**

Why were you dismissed?

☐ Misconduct ☐ Incapacity

☐ Operational Requirements (Retrenchment) ☐ Unknown

☐ Other (please describe) _____

4. **FAIRNESS/UNFAIRNESS OF DISMISSAL**

(a) **Procedural Issues**

Do you think that the dismissal was procedurally unfair? **YES** **NO**
(Were internal procedures followed?)

If yes, why?

_____

_____

_____

(a) **Substantive Issues**

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

_____

_____

_____

CONCILIATION REFERRALS SECTION LIST
NATURE OF DISPUTE

LRA Section	Dispute
9 (1)	Freedom of association and general protections
16 (6)	Disclosure of information
21 (4)	Collective agreement on organisational rights
21 (11)	Withdrawal of organisational rights
22 (1)	Interpretation or application of organisational rights
24 (2)	Interpretation or application of collective agreement
24 (6)	Interpretation or application of agency or closed shop agreement
26 (11)	Non-admission as party to closed-shop
45 (1)	Interpretation or application of ministerial determination
61 (10)	Interpretation or application of lapsed collective agreement
63 (1)	Interpretation or application of collective bargaining provisions
64 (1) & 134	Any matter of mutual interest
64 (2) & 134	Refusal to bargain
64 (4)	Unilateral change to terms and conditions of employment
69 (8)	Picketing
74 (1)	Disputes in essential services
86 (4) (b)	Joint decision-making (workplace forum)
89 (3)	Disclosure of information (workplace forum)
94 (1)	Interpretation or application of workplace forum provisions
191 (1)	Unfair dismissal
196 (6)	Severance pay
Sch 7, item 3 (1)	Unfair labour practices

Additional information (for example, the contact details of a union or an employers' organisation which is helping or representing you) which you want to bring to the Council's attention (please indicate which number in this form your comments refer to, and/or information that you wish to bring to the Council's attention which directly relates to the facts concerning this referral.

PART C

OBJECTION TO CON-ARB PROCESS ONLY

ONLY COMPLETE PART C IF YOU OBJECT TO THE MATTER IMMEDIATELY PROCEEDING TO ARBITRATION

I, We object to the arbitration commencing immediately after the conciliation in terms of section 191 (5A)(c).

REFERENCE NUMBER OF CASE (IF THIS HAS BEEN SUPPLIED) _____

Name of Contact Person _____

Name of Organisation or Company (if any) _____

Telephone Number _____ Fax Number _____

Signed: _____

Date: _____

If the employer objects to the Arbitration commencing immediately after the Conciliation the employer must complete and send this section (Part C) at least 7 days before the date of the conciliation. Please note that the **employer must attend the conciliation** regardless of whether it makes this objection.