



FURNITURE BARGAINING COUNCIL

Suite 1 & 2 ♦ Reitz Park ♦ 80 President Reitz Avenue ♦ Westdene ♦ Bloemfontein ♦ 9301
Correspondence to be addressed to: THE PROVINCIAL MANAGER ♦ Post Office Box 3914 ♦ Bloemfontein ♦ 9300
Telephone (051) 447-1807 ♦ Facsimile (051) 447-2554 ♦ e-mail freestate@furnbed.co.za ♦ Website www.furnbed.co.za

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 a 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

Name: _____

Postal Address: _____

_____ Postal Code _____

Tel: _____ Cell: _____

Fax: _____ Email: _____

Contact person: _____

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.



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

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

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> an employee | <input type="checkbox"/> a union official or representative |
| <input type="checkbox"/> an employer | <input type="checkbox"/> 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)?

- | | | |
|--|--|--|
| <input type="checkbox"/> Unfair dismissal | <input type="checkbox"/> Unfair Labour Practice | <input type="checkbox"/> Refusal to Bargain |
| <input type="checkbox"/> Organisational Rights | <input type="checkbox"/> Mutual Interest | <input type="checkbox"/> Non-renewal of contract |
| <input type="checkbox"/> Unilateral change to terms and conditions of employment | <input type="checkbox"/> Severance pay | <input type="checkbox"/> Unfair Discrimination |
| <input type="checkbox"/> Interpretation/Breach of employee rights | <input type="checkbox"/> Interpretation/Breach of Collective Agreement | |
| <input type="checkbox"/> 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) **Interpretation 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?



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.