WHAT IS THE PURPOSE OF THIS FORM?
This form enables a person or an organisation to refer a dispute to the GPSSBC for conciliation.

WHO FILLS IN THIS FORM?
The party who wants to declare a dispute (Employer, Employee, or Trade Union)

WHERE DOES THIS FORM GO?
GPSSBC OFFICES
Lyttleton Office Village P O BOX 4437
260 Basden Avenue PRETORIA
Lyttleton 0001
Centurion

TEL: 012-644 8100 /8132
FAX: 012-664 8749

OTHER INSTRUCTIONS
Please note that the following disputes must be forwarded directly to the CCMA, and cannot be

dealt with by the GPSSBC.
• Disclosure of information (Section 16 and 89 of the Labour Relations Act, no 66 of 1995)
• Organisational rights (Chapter III part A of the Labour Relations Act, no 66 of 1995)
• Agency shop disputes (Section 25 of the Labour Relations Act, no 66 of 1995)
• Closed shop disputes (Section 26 of the Labour Relations Act, no 66 of 1995)
• Interpretation or application of collective bargaining provisions (Section 63 (1) of the Labour
Relations Act, no 66 of 1995)
• Workplace forum disputes (Sections 86 and 94 of the Labour Relations Act, no 66 of 1995)
• Discrimination disputes (Section 6 of the Employment Equity Act)
1. DETAILS OF PARTY REFERRING THE DISPUTE

As the referring party, are you:

- An employee
- A trade union (admitted to the GPSSBC)
- An employer
- A trade union (not admitted to the GPSSBC)

(a) Details of the employee:

Surname: ........................................ First Names: ..................................................

Identity number: ...........................................................................................................

Position: .......................................................................................................................

Persal number: .............................................................................................................

City (Place of work): .....................................................................................................

Postal Address: ............................................................................................................

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

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

Postal Code ..................................................

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

Fax: ......................................................... Email: ......................................................

If you belong to a trade union, indicate which one? .........................................................

(b) Please supply the contact details of employee’s representative / Alternative contact details of employee:

Surname: ........................................ First Names: ..................................................

Postal Address: ............................................................................................................

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

Postal Code ..................................................

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

Fax: ......................................................... Email: ......................................................

Capacity: (Tick relevant box)

- Union official
- Legal Representative
- Co-employee
- Relative / Friend

These contact details should be of a union official or representative. If the employee is not represented, these contact details should be of a relative or a friend where correspondence could be forwarded if needed.

PLEASE NOTE THAT THE ID NUMBER OF THE EMPLOYEE IS COMPULSORY

How many employees are affected by this dispute: ..........................................................
(c) If the referring party is an employer or trade union

Department / Organisation:  
Contact person:  
Postal Address:  
Postal Code:  
Tel:  
Cell:  
Fax:  
Email:  

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

Department / Organisation:  
Contact Person:  
Postal Address:  
Postal Code:  
Tel:  
Cell:  
Fax:  
Email:  

3. NATURE OF THE DISPUTE

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

- O Unfair dismissal
- O Matters of mutual Interest
- O Refusal to Bargain
- O Unilateral change to terms and conditions of employment
- O Severance pay
- O Interpretation and/or application of a collective agreement
- O Unfair Labour Practice:
  1. O Promotion
  2. O Demotion
  3. O Training
  4. O Benefits (salary issues / leave pay / transfers excluded)
  5. O Suspension / other disciplinary action short of dismissal
  6. O Failure to re-instate in terms of an agreement
  7. O Probation
4. DETAILS OF DISPUTE PROCEDURES FOLLOWED

Have you followed all internal grievance / disciplinary procedures before coming to the GPSSBC?

YES ☐ NO ☐

If yes, describe the outcome of process followed.

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5. FACTS OF THE DISPUTE

The dispute arose on: ................................................................. (give the date, day, month and year)

The dispute arose where: ................................................................. (give the City/Town in which the dispute arose)
5.2 Summarise the facts of the dispute you are referring:

_______________________________________________________________________________________________________________________________________________
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Have you attached additional pages regarding the facts of the dispute to the form?

(Tick relevant box) YES: [ ] NO: [ ]

If yes, how many pages? _______
6. OUTCOME REQUIRED

What outcome do you require?

________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________

7. SPECIAL FEATURES / ADDITIONAL INFORMATION

(a) Interpretation Services

Do you require an interpreter?  

YES  NO

If yes, please indicate for what language:

- Afrikaans
- isiNdebele
- isiZulu
- isiXhosa
- Sepedi
- Sesotho
- Setswana
- siSwati
- Tshivenda
- Xitsonga

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 GPSSBC needs to note:

________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________
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Only fill this in if this is a dispute about unilateral change to terms and conditions of employment (s64(4)), you may sign the block below

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)
8. CONFIRMATION OF ABOVE DETAILS

I confirm that a copy of this form has been sent to the other party/parties to the dispute and proof of this is attached to this form.

**PLEASE NOTE:** Proof that a copy has been sent includes:
- A copy of a registered slip from the Post Office
- A copy of a signed receipt if hand delivered
- A signed statement by the person whom delivered the form
- A copy of a fax transmission slip reflecting the opposing party’s fax number

I further confirm that I have the necessary authority to sign this form.

**Kindly complete this part and sign**

Name of person signing this referral form: __________________________________________________________

Position occupied: __________________________________________________________

Signature of person referring the dispute: __________________________________________________________

Signed at ______________________________ this day on _______________________________

place ______________________________ (date, day, month, year)

**YOUR CHECKLIST (please tick):**

| I have completed this form fully and correctly. | Yes |
| I have attached proof that this form has been served on the other party. | Yes |
**ADDITIONAL FORM FOR DISMISSAL DISPUTES ONLY**

**1. COMMENCEMENT OF EMPLOYMENT**

Date of appointment: ____________________________________________

(give the date, day, month and year)

**2. NOTICE OF DISMISSAL**

Please give the date of your dismissal. ____________________________________________

(give the date, day, month and year)

How were you informed of your dismissal?

- [ ] By letter
- [ ] Verbally
- [ ] At/After a disciplinary hearing
- [ ] Other (please describe) ____________________________________________

Was it constructive dismissal?

- [ ] YES
- [ ] NO

**REASON FOR DISMISSAL**

Why were you dismissed?

- [ ] Misconduct
- [ ] Incapacity
- [ ] Operational Requirements (Retrenchment)
- [ ] Unknown
- [ ] Other (please describe) ____________________________________________

Dismissal disputes must be referred (i.e. received by the GPSSBC within 30 days of dismissal). If the dismissal was more than 30 days ago, you are required to apply for condonation by completing part C of the form.

Constructive dismissal is when you terminate your contract of employment with or without notice because the employer made continued employment intolerable for you by his/her actions or gestures etc.
2. FAIRNESS/UNFAIRNESS OF DISMISSAL

(a) Procedural Issues

Do you think that the dismissal was procedurally unfair? (Were the internal *procedures* not followed)  

| YES | NO |

If yes, why?

____________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________

(b) Substantive Issues

Do you feel the dismissal was substantially unfair? (Were the *reasons* for the dismissal unfair)  

| YES | NO |

If yes, why?

____________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________
APPLICATION FOR CONDONATION FORM

________________________________
________________________________
________________________________
_________
(Applicant/Employee)

and

________________________________
________________________________
________________________________
_________
(Respondent/Employer)

AFFIDAVIT

I, the undersigned, ________________________________________________(Full name of Applicant/Respondent)
do hereby make oath and say:

1. The facts contained in this affidavit are within my personal knowledge and are true and correct.

2. BACKGROUND

   2.1 The dispute arose on _________________________________________
       after all attempts to negotiate or follow internal procedures at the respondent failed

3. THE DEGREE OF LATENESS

   3.1 The referral is ____________________________________________ days late.

   3.2 Applicant did the following to pursue his/her rights after the dispute arose:

       3.2.1 Applicant went to his/her union / the Department of Labour / Community Advice Centre / Legal
            Advice Centre (delete which are not applicable) on _________________________________________

       3.2.2 Applicant signed the referral form on _________________________________________

4. REASONS FOR LATENESS

   The reason/s that applicant referred the matter late is _________________________________________

   _________________________________________

   _________________________________________

   _________________________________________
5. **PROSPECTS OF SUCCESS**

Applicant believes that he/she has good cause because (explain with good reasons why the employer’s conduct was unfair):

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________
6. **PREJUDICE**

As the applicant (employee), if condonation is not granted, I will be prejudiced because________________________

____________________________

____________________________

____________________________

I believe that the respondent (employer party) will / will not be prejudiced if condonation is granted because________________

____________________________

____________________________

____________________________

7. **GENERAL**

Any other relevant information________________________

____________________________

____________________________

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SIGNATURE OF APPLICANT

Signed before me on ___________________________ at ___________________________
by the deponent who acknowledges that he/she knows and understands the contents of the affidavit, had no objection to taking the oath / affirmation and considers it binding on his/her conscience.

**Commissioner of Oaths** ___________________________

Name: ___________________________

Address: ___________________________

Capacity: ___________________________