WHO FILLS IN THIS FORM?

Employer, employee, trade union or employers’ organisation.

WHERE DOES THIS FORM GO?

NATIONAL BARGAINING COUNCIL FOR THE ROAD FREIGHT AND LOGISTICS INDUSTRY (NBCRFI) OFFICES:

29 De Korte Street
Braamfontein
2001

TEL: (011) 703-7000 Ext 1077   FAX: (011) 403-2060

WHAT WILL HAPPEN WHEN THIS FORM IS SUBMITTED?

When you refer the dispute to the NBCRFI, it will appoint a panelist from the NBCRFI panel who will attempt to resolve the dispute. If the parties to the dispute have agreed on a particular NBCRFI panelist, the NBCRFI will appoint that panelist (provided the panelist is available).

OTHER INSTRUCTIONS

Please note that the following disputes must be forwarded directly to the CCMA, and cannot be dealt with by a bargaining council in terms of the Labour Relations Act, 66 of 1995 ("the LRA"):  

- Disclosure of information (Sections 16 and 89 of the LRA)
- Organisational rights (Chapter III part A of the LRA)
- Agency shop disputes (Section 25 of the LRA)
- Closed shop disputes (Section 26 of the LRA)
- Interpretation or application of collective bargaining provisions (Section 63 (1) of the LRA)
- Picketing disputes (Section 69 of the LRA)
- Workplace forum disputes (Sections 86 and 94 of the LRA)
- Facilitation – Operational Requirements (Section 189A of the LRA)

FURTHER OTHER 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 affidavit confirming service by the person delivering the form;
- A copy of a fax confirmation slip; or
- Any other satisfactory proof of service.
1. DETAILS OF PARTY REFERRING THE DISPUTE

As the referring party, are you:

- [ ] An employee
- [ ] A trade union (admitted to the NBCRFLI)
- [ ] A trade union (not admitted to the NBCRFLI)
- [ ] An employer
- [ ] An employers’ organization (admitted to the NBCRFLI)
- [ ] An employers’ organization (not admitted to the NBCRFLI)

(a) Name and details of the referring party:

Name: ……………………………………………………………………………………………

ID Number: ………………………………………………………………………………………

Postal Address: ………………………………………………………………………………………

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

Tel: ………………………… Cell: ………………………………………………………………………

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

(b) Alternate contact details of the referring party:

Name: ……………………………………………………………………………………………

Postal Address: ………………………………………………………………………………………

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

Tel: ………………………… Cell: ………………………………………………………………………

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

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

The other party is:

- [ ] An employee
- [ ] A trade union (admitted to the NBCRFLI)
- [ ] A trade union (not admitted to the NBCRFLI)

- [ ] An employer
- [ ] An employers’ organization (admitted to the NBCRFLI)
- [ ] An employers’ organization (not admitted to the NBCRFLI)

Name: ……………………………………………………………………………………………

Postal Address: ………………………………………………………………………………………

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

Tel: ………………………… Cell: ………………………………………………………………………

Fax: ……………………………………………………. Email: ………………………………………
### 3. NATURE OF THE DISPUTE

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

- [ ] Unfair dismissal
- [ ] Mutual Interest
- [ ] Refusal to Bargain
- [ ] Unilateral change to terms and conditions of employment
- [ ] Unfair Labour Practice (Give details)
- [ ] Unfair Labour Practice (Probation)

Summarise the facts of the dispute you are referring:

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…………………………………………………………………
…………………………………………………………………
…………………………………………………………………
…………………………………………………………………
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### 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)

If the dispute concerns a dismissal, the date inserted here must be the same as that set out in Item 2 of Part B of this form.

### 5. DETAILS OF DISPUTE PROCEDURES FOLLOWED

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

- [ ] YES  
- [ ] NO

Describe the procedures followed:

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…………………………………………………………………
…………………………………………………………………
…………………………………………………………………
…………………………………………………………………
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### 6. RESULT OF CONCILIATION

What outcome do you require?

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…………………………………………………………………
…………………………………………………………………
…………………………………………………………………
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Please turn over
7. **SECTOR**

Indicate the sector or service in which the dispute arose.

- [ ] Road Freight
- [ ] Other

(please indicate)

8. **INTERPRETATION SERVICES**

Do you require an interpreter at the conciliation?

- [ ] YES
- [ ] NO

If yes, please indicate for what language below:

- [ ] Afrikaans
- [ ] isiNdebele
- [ ] isiZulu
- [ ] isiXhosa
- [ ] Sepedi
- [ ] Sesotho
- [ ] Setswana
- [ ] siSwati
- [ ] Tshivenda
- [ ] Xitsonga
- [ ] Other (please indicate)

9. **SPECIAL FEATURES / ADDITIONAL INFORMATION**

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

……………………………………
……………………………………………………………………………………………………
……………………………………………………………………………………………………
……………………………………………………………………………………………………

10. **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 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. **REQUEST FOR ARBITRATION**

Should the dispute remain unresolved at the pre-conciliation procedure and a Certificate of Outcome is issued, I/we hereby request that the matter be scheduled for Arbitration.

Signed: ……………………………………………………….. (Employee party referring the dispute)
12. CONFIRMATION OF ABOVE DETAILS

Signature of party referring the dispute: .................................................................

Signed at............................................................on this ..........................................

(place) (date)
PART B
ADDITIONAL FORM FOR DISMISSAL
DISPUTES ONLY

<table>
<thead>
<tr>
<th>DATE OF REFERRAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dismissal disputes must be referred (i.e. received by the NBCRFILI) 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.</td>
</tr>
</tbody>
</table>

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
   ☐ Operational Requirements (Retrenchment) ☐ Unknown
   ☐ Other (please describe) .........................................................................................

4. WAS THE DISMISSAL RELATED TO PROBATION ☐ Yes ☐ NO

5. FAIRNESS/UNFAIRNESS OF DISMISSAL
   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
      ..............................................................................................................................
      ..............................................................................................................................
      ..............................................................................................................................

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