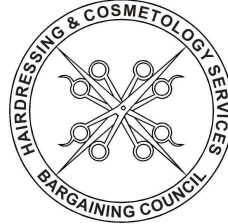


H C S B C

(Registered under the Labour Relations Act, No. 66 of 1995)



(semi national)

Fax: (011) 760-1274
P O Box 1963, ROODEPOORT, 1725

Tel: (011) 760-1685
15 EDWARD STREET, ROODEPOORT, 1724

COMPLAINT FORM

REFERRING A COMPLAINT/DISPUTE FOR APPLICATION AND ENFORCEMENT TO THE HCSBC

FOR OFFICE USE ONLY:

HCSBC CASE NO:	
DATE OF COMPLAINT:	
APPLICANT'S NAME:	
RESPONDENT'S NAME:	
Do we have sufficient contact details?	
Is the dispute within the HCSBC's Jurisdiction?	
Agent's signature:	Date:

2.

1. DETAILS OF PARTY REFERRING THE DISPUTE:

As the referring party, are you: (Tick the box ✓)

- | | |
|---|---|
| <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 |

COMPLETE EITHER A or B Below:

(A) IF the referring party is an EMPLOYEE:

(IF the Referring Party involves MORE than 1 (ONE) EMPLOYEE please FILL in the Details of the OTHER EMPLOYEE/S' to this Dispute on Pg 8 of this Referral Form.)

Surname : _____

First Names : _____

Identity number : _____

Postal Address : _____

_____ Code _____

Occupation : (Tick whichever Applicable)

<input type="checkbox"/> MANAGER	<input type="checkbox"/> QUALIFIED Hairdresser	<input type="checkbox"/> AFRO Hairdresser	<input type="checkbox"/> LEARNER/ Apprentice
<input type="checkbox"/> MANICURIST	<input type="checkbox"/> BEAUTICIAN	<input type="checkbox"/> Receptionist	<input type="checkbox"/> OPERATOR
<input type="checkbox"/> General Assistant	<input type="checkbox"/> OTHER (PLEASE STATE)		

IF a LEARNER/Apprentice DO YOU have a Learnership Contract registered with the Services SETA? (Yes/NO) _____

Contact Tel No. (Cell) : _____

Fax / Email : _____

ALTERNATE contact details of Employee:

Surname & First Names : _____

Relation to the Employee : _____

Identity number : _____

Postal address : _____

_____ Code _____

Tel No. (Cell) : _____

Fax /Email : _____

2. DETAILS OF THE OTHER PARTY:

(Party with WHOM you are in Dispute)

The OTHER Party is: (Tick the box ✓)

 An Employee **A Union Official or Representative** **An Employer** **An Employers' Organisation's Official or Representative**Name of Establishment : _____
(IF an EMPLOYER/Union/Employers' Organisation)ORSurname & First Names : _____
(IF an EMPLOYEE)Postal Address : _____

_____ Code _____

Contact Tel No. (Cell) : _____

Fax / Email : _____

Contact Person : _____
(IF an EMPLOYER/Union/Employers' Organisation)**3. NATURE OF COMPLAINT:** Underpayment on salary
(Clause 12) Non payment of salary
(Clause 12) Notice Pay
(Clause 19) Non payment of overtime
(Clause 14) Non payment for public holidays
(Clause 15) Non payment of Leave Pay
(Clause 16) Non Payment of Severance Pay
(Clause 20) Non payment of contributions
(Clause 22) Other (Please describe below)

4. ESTIMATED AMOUNT CLAIMED: _____

5. ADDITIONAL COMMENTS:

6. RATE OF PAY:
 Percentage of commission _____
 Basic salary _____

If qualified, and working on commission plus basic, was an exemption applied for?

Yes No

7. PERIOD OF EMPLOYMENT:
Start date: _____ Date Left: _____

8. HAVE YOU DISCUSSED THE PROBLEM WITH YOUR EMPLOYER?
 Yes No

Explanation:

SIGNED AT _____ ON _____

Signature

NB: In the event of any change in address or contact details, please contact the Case Management Officer (Ingrid Clark) at Tel. No: (011) 760-1685 or Fax. No: (011) 760-1274.