

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

DISPUTE REFERRAL FORM

N.B. NOTES:

It is the responsibility of the Referring Party (the APPLICANT) to ENSURE that a COPY of this Form is served on the OTHER Party (the RESPONDENT) to this Dispute AND **PROOF** that this has been done MUST be supplied by ATTACHING either:

- IF **POSTED**, a copy of a Registered Slip from the Post Office;
- IF **FAXED**, a copy of the fax confirmation slip;
- IF **Hand-Delivered**, a copy of a Signed Receipt; **OR**
IF the Respondent REFUSES to sign the Receipt, an Affidavit confirming service by the person who delivered the Form;

FOR OFFICE USE ONLY:

| | |
|--|------------------|
| HCSBC's CASE No. : _____ | |
| Date Referral Received | : _____ |
| Date Proof of Delivery Received | : _____ |
| APPLICANT/s NAME/s | : _____ _____ |
| RESPONDENT/s NAME/s: | _____ _____ |
| Do we have sufficient Contact Details? (Yes/No) | |
| Is the Dispute within HCSBC's Jurisdiction (Yes/No) | |
| Is the Employee a Member of the Union (Yes/No) | |
| Is the Employer a Member of EOHCB (Yes/No) | |
| Is there Proof that this Form has been served on the Other Party to the Dispute? (Yes/No) | |

2.

1. DETAILS OF PARTY REFERRING THE DISPUTE:

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

- An Employee A Union Official or Representative
 An Employer 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 : _____

3.

**(B) IF the referring party is an EMPLOYER
OR an Employers' Organisation OR Union:**

Name of Establishment : _____

Type of Business : _____
(Indicate whether Employer/Employers' Organisation/Union)

Postal Address : _____

_____ Code _____

Contact Tel No. (Cell) : _____

Fax / Email : _____

Contact Person : _____
(Name/s AND SURNAME)

**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)

OR

Surname & 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 THE DISPUTE:

WHAT is the Dispute about?: (Tick ONLY one box ✓)

- Unfair Dismissal Unfair Labour Practice Refusal to Bargain
- Organisational Rights Unfair Discrimination Mutual Interest
- Interpretation/Breach of Employee Rights Interpretation/Breach of Collective Agreement Unilateral (change to terms & conditions of employment)
- Other (Please Describe)

**Summarise the facts of the Dispute you are referring:
(IF NECESSARY ATTACH AN ANNEXURE)**

The dispute relates to section of the Labour Relations Act, 1995.

**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: (✓ Tick Yes/No)

| | | |
|---|------------|-----------|
| Have you followed all internal grievance / disciplinary procedures before coming to the HCSBC? | YES | NO |
|---|------------|-----------|

Describe the procedures followed:

5. RESULT OF CONCILIATION:

WHAT Outcome do you Require?

6. SECTOR:

Hairdressing Cosmetology Other

IF Other (Please Describe)

7. SPECIAL FEATURES / ADDITIONAL INFORMATION:

7A INTERPRETATION SERVICES (✓ Tick Yes/No)

| | | |
|---|------------|-----------|
| Do you require an Interpreter at the Conciliation? | YES | NO |
|---|------------|-----------|

IF YES, indicate for which language?

Afrikaans isiNdebele isiZulu
 isiXhosa Sepedi Sesotho
 Setswana siSwati Xitsonga

Other (Please Indicate):

7B OTHER :

Briefly outline ANY Special Features/Additional Information the HCSBC needs to NOTE:

b.

Dispute about unilateral change to terms and conditions of employment (s64(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 at _____ on _____
(Indicate Place) (Indicate Date/Month and Year)

Signature _____
(Employee Party referring the Dispute)

7. INFORMING THE OTHER PARTY:

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.

Signed: _____

CONFIRMATION OF ABOVE DETAILS

Signature of party referring the dispute : _____

Signed at _____ on this the _____ day
(Indicate Place) (Date)

of _____ 20____
(Month) (Year)

PART B: ADDITIONAL INFORMATION

1. DATE EMPLOYMENT COMMENCED?

2. NOTICE OF DISMISSAL

Please give the date of your dismissal: _____

How were you informed of your dismissal? (✓ Tick the Box)

By Letter
 Verbally
 At/After a Disciplinary Hearing
 Constructive
 Other (Please Describe)

3. REASON FOR DISMISSAL

Why were you dismissed? (✓ Tick the Box)

Misconduct
 Incapacity
 Operational Requirements (Retrenchment)
 Unknown
 Other (Please Describe)

4. FAIRNESS / UNFAIRNESS OF DISMISSAL

(a) Procedural Issues (✓ Tick Yes/No)

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

IF Yes, why?

(b) Substantive Issues (✓ Tick Yes/No)

| | YES | NO |
|--|------------|-----------|
| Do you feel the reason for the dismissal was unfair? | | |

IF Yes, why?

IF the Referring Party involves MORE than 1 (ONE) EMPLOYEE please FILL in the Details of the OTHER EMPLOYEE/S' to this Dispute BELOW:

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 : _____

SIGNATURE of EMPLOYEE : _____

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 : _____

SIGNATURE of EMPLOYEE : _____

CASE No. :

RECEIPT OF COPY OF DISPUTE REFERRAL

BY EMPLOYER:

ESTABLISHMENT'S NAME :

ESTABLISHMENT ADDRESS:
.....
.....

NAMES IN FULL :

POSITION :

SIGNATURE OF RECEIPT :

DATE :

TIME :

CASE No. :

RECEIPT OF COPY OF DISPUTE REFERRAL

BY EMPLOYEE:

SURNAME :

FIRST NAMES :

ADDRESS :
.....
.....

SALON NAME :

SIGNATURE OF RECEIPT :

DATE :

TIME :