

**LRA 7.11  
PART A  
REFERRING A DISPUTE TO  
THE BARGAINING COUNCIL FOR THE FOOD  
RETAIL, RESTAURANT, CATERING AND  
ALLIED TRADES FOR CONCILIATION  
(INCLUDING CON-ARB)**



**READ THIS FIRST**



**WHAT IS THE PURPOSE OF THIS FORM?**

This form enables a person or organisation to refer a dispute to the Council for conciliation and con-arb.

**WHO FILLS IN THIS FORM?**

Employer, employee, union or employers' organisation.

**WHERE DOES THIS FORM GO?**

The General Secretary of the Bargaining Council.

**WHAT WILL HAPPEN WHEN THIS FORM IS SUBMITTED?**

When you refer the dispute to the Council, it will appoint a commissioner who must attempt to resolve the dispute within 30 days.

**OTHER INSTITUTIONS**

Please note that if you are not covered by this bargaining council, you may have to take the dispute to the CCMA.

You may also need to deal with the dispute in terms of a private procedure if one applies.

If in doubt contact the Bargaining Council for assistance.

**FURTHER 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 statement confirming service by the person delivering the form;
- A copy of a fax confirmation slip; or
- Any other satisfactory proof of service.

**CONTACT DETAILS**

**PHYSICAL ADDRESS**

403 MBA Building  
527 Stanza Bopape Street  
(Previously Church Street)  
Arcadia  
Pretoria  
0083

**POSTAL ADDRESS**

P.O. Box 1256  
Pretoria  
0001

TEL: (012) 341 1504  
(012) 341 1928

FAX: (012) 341 0722

**EMAIL**

[cases.food@mweb.co.za](mailto:cases.food@mweb.co.za)  
(Case Manager/  
Head of Inspections)

[recep.food@mweb.co.za](mailto:recep.food@mweb.co.za)  
(Front Desk)

[caterc@mweb.co.za](mailto:caterc@mweb.co.za)

**WEBSITE**

[www.bcfood.co.za](http://www.bcfood.co.za)

**COUNCIL IS ACCREDITED TO PERFORM THE FOLLOWING DISPUTE RESOLUTION FUNCTIONS**

- Unfair dismissal disputes - Section 191
- Unfair Labour practice - Section 191
- Mutual Interest disputes - Section 64
- Interpretation of Collective Agreement disputes - Section 24 (1)
- Essential Services disputes - Section 74
- Inquiry by Arbitrator - Section 188A
- Temporary Employment Service - Section 198, 198A, 198B, 198C and 198D
- Disputes about Interpretation and - Section 9
- Application of Chapter 2

**READ THIS FIRST**



Tick the correct box

The name of the employee or an employer that is referring the dispute must be filled in (a).  
 If there is more than one employee to the dispute and the referring party is not a trade union, then each employee must supply their personal details and signature on a separate page, which must be attached to this form.

These alternate contact details should be of a union official or representative, a relative or a friend.

The name of the trade union or employers organisation that is referring the dispute or assisting a member to refer a dispute must be filled in (b).

**OTHER PARTIES**

If more than one party is referring the dispute or if the dispute is referred against more than one party, write down the additional names and particulars on a separate page and attach to this form.

Tick the correct box

**1. DETAILS OF PARTY REFERRING THE DISPUTE**

**As the referring party, are you:**

- An employee                       A trade union  
 An employer                       An employer's organization

**(a) Name of the party if the referring party is an employee or employer**

Name:.....  
 ID Number:.....  
 Postal Address:.....  
 .....Postal Code:.....  
 Tel:.....Cell:.....  
 Fax:..... Email: .....

**Alternate contact details of employee:**

Name:.....  
 Postal Address:.....  
 .....Postal Code:.....  
 Tel:.....Cell:.....  
 Fax:..... Email: .....

**(b) Name of the referring party if the referring party is an employer's organisation or trade union, or if the employer's organisation is assisting a member to the dispute**

Name:.....  
 Postal Address:.....  
 .....Postal Code:.....  
 Tel:.....Cell:.....  
 Fax:..... Email: .....

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

The other party is:

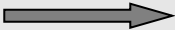
- An employee                       A trade union  
 An employer                       An employer's organisation

Name:.....  
 Postal Address:.....  
 .....Postal Code:.....  
 Tel:.....Cell:.....  
 Fax:..... Email: .....

Please turn over

Tick the correct box

**If the dispute concerns dismissals, also complete Part B (See Page 5)**



**This section must be completed!**

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

**UNFAIR LABOUR PRACTICE**

If the dispute(s) concerns an unfair labour practice the dispute must be referred (ie. received by the Council) within 90 days of the act or omission which gave rise to the unfair labour practice. If more than 90 days has elapsed you are required to apply for condonation.

**3. NATURE OF THE DISPUTE**

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

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Unfair dismissal   | <input type="checkbox"/> Unfair Labour Practice<br><i>(Give details)</i> | <input type="checkbox"/> Application of Chapter 2              |
| <input type="checkbox"/> Interpretation/ Application of<br>Collective Agreement     | <input type="checkbox"/> Mutual Interest                                 | <input type="checkbox"/> Severance pay<br>S41 BCEA             |
| <input type="checkbox"/> Unilateral change to terms<br>and conditions of employment | <input type="checkbox"/> Essential Services                              | <input type="checkbox"/> Unfair Labour Practice<br>(probation) |
| <input type="checkbox"/> Other <i>(please describe)</i> .....                       |  |  |

Summarise the facts of the dispute you are referring: .....

.....

.....

.....

.....

**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.

**5. DETAILS OF DISPUTE PROCEDURES FOLLOWED**

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

Describe the procedures followed:.....

.....

.....

.....

**6. RESULT OF CONCILIATION**

What outcome do you require?.....

.....

.....

.....

Please turn over 

Tick the correct box

Parties may, at their own cost, bring interpreters for languages other than the official South African languages. Please indicate this under 'other'.

Special features might be the urgency of the matter, the large number of people involved, important legal or labour issues etc.

Only fill this in if this is a dispute about unilateral change to terms and conditions of employment.

The con-arb process involves arbitration being held immediately after the conciliation if the dispute remains unresolved.

Only fill this in if you object to the arbitration commencing immediately after conciliation. An objection cannot be made in disputes relating to probation.

**7. SECTOR**

Indicate the sector or service in which the dispute arose.

- |  |                                   |   |
|--|-----------------------------------|---|
| <input type="checkbox"/> Restaurant            | <input type="checkbox"/> Tearoom  | <input type="checkbox"/> Catering Trade |
| <input type="checkbox"/> Fish & Chip Shop      | <input type="checkbox"/> Cafes    | <input type="checkbox"/> Roadhouse      |
| <input type="checkbox"/> Take Away food Outlet | <input type="checkbox"/> Services | <input type="checkbox"/> Chemical       |

Other (Please describe).....

**8. INTERPRETATION SERVICES**

Do you require an interpreter at the conciliation / con-arb?  YES  NO

If yes, please indicate for what language:

- |                                    |                                     |  |                                   |
|------------------------------------|-------------------------------------|--|-----------------------------------|
| <input type="checkbox"/> Afrikaans | <input type="checkbox"/> isiNdebele | <input type="checkbox"/> isiZulu                               | <input type="checkbox"/> isiXhosa |
| <input type="checkbox"/> Sepedi    | <input type="checkbox"/> Sesotho    | <input type="checkbox"/> Setswana                              | <input type="checkbox"/> siSwati  |
| <input type="checkbox"/> Tshivenda | <input type="checkbox"/> Xitsonga   | <input type="checkbox"/> Other ( <i>please indicate</i> )..... |                                   |

**9. SPECIAL FEATURES / ADDITIONAL INFORMATION**

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

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

**10. 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: ..... (*Employee party referring the dispute*)

**11. OBJECTION TO CON-ARB PROCESS**

I/we object to the arbitration commencing immediately after the conciliation in terms of Section 191(5A)(c).

Signed: .....

If the employer objects to the arbitration commencing immediately after the conciliation the employer must submit a written notice in terms of Council Rule 16(2) at least 7 days prior to the scheduled date of the conciliation. The employer must attend the conciliation regardless of whether it makes this objection.

**12. CONFIRMATION OF ABOVE DETAILS**

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

Signed at.....on this .....  
 (place) (date)

