

PART A REFERRING A DISPUTE TO THE BCCCI FOR CONCILIATION

**BARGAINING COUNCIL FOR CONTRACT CLEANING INDUSTRY
2ND FLOOR, THE STAMFORD
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B C C C I

YOUR CHECKLIST (please tick)

- | | | |
|--|--------------------------|-----|
| I have completed this form fully and correctly | <input type="checkbox"/> | YES |
| I have attached proof (fax slip/registered mail slip/signature of the other party) that this form has been served on the other party) see page 5 | <input type="checkbox"/> | YES |
| To my knowledge, this dispute is covered by Bargaining Council | <input type="checkbox"/> | YES |

1. DETAILS OF PARTY REFERRING THE DISPUTE

As the referring party, are you:

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> An Employee | <input type="checkbox"/> A union official or representative |
| <input type="checkbox"/> An employer | <input type="checkbox"/> An employers organization's official or representative |

(1) If the referring party is an employee

Surname	_____	First Names	_____
Identity Number	_____	Clock No	_____
Postal Address	_____		
		Postal Code	_____
Tel No	_____	Cell No	_____
Site Name	_____		

Alternate contact details of employee:

Surname	_____	First Names	_____
Identity Number	_____		_____
Postal Address	_____		
		Postal Code	_____
Tel No	_____	Cell No	_____
Fax No	_____	Email	_____

(2) If the referring party is an employer, an employer's organization or union

Name	_____		
Postal Address	_____		
		Postal Code	_____
Tel No	_____	Cell No	_____
Fax No	_____	Email	_____
Contact Person	_____		

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

The other party is:

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> An Employee | <input type="checkbox"/> A union official or representative |
| <input type="checkbox"/> An employer | <input type="checkbox"/> An employers organization's official or representative |

Company Name	_____		
Postal Address	_____		
		Postal Code	_____
Tel No	_____	Cell No	_____
Fax No	_____	Email	_____
Contact Person	_____		

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 | <input type="checkbox"/> Refusal to Bargain |
| <input type="checkbox"/> Organizational Rights | <input type="checkbox"/> Mutual Interest | <input type="checkbox"/> Non-renewal of contract |
| <input type="checkbox"/> Unilateral change to terms and conditions of employment | <input type="checkbox"/> Severance Pay | <input type="checkbox"/> Unfair Discrimination |
| <input type="checkbox"/> Interpretation / Breach of Employee rights | <input type="checkbox"/> Interpretation / Breach of Collective Agreement | <input type="checkbox"/> |
| <input type="checkbox"/> Other (Please describe) | _____ | |

Summarise the facts of the dispute you are referring

The Dispute arose on: _____
 (Give the date, day, month and year)

4. DETAILS OF DISPUTE PROCEDURES FOLLOWED

Have you followed all internal grievance/disciplinary procedure before coming to the BCCCI

YES	NO
-----	----

The Dispute arose on: _____
 (Give the date, day, month and year)

Describe the procedures followed:

5. RESULT OF CONCILIATION

What outcome do you require:

6. SPECIAL FEATURES/ADDITIONAL INFORMATION

(1) Interpretation Services

Do you require an interpreter at the conciliation?

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(please indicate)_____	

(2) Other

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

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)

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: _____

8. CONFIRMATION OF ABOVE DETAILS

Signature of party referring the dispute: _____

Signed at _____ this day on _____
Place Date

**PART B
 ADDITIONAL FORM FOR DISMISSAL
 DISPUTE ONLY**

1. COMMENCEMENT OF EMPLOYMENT

When did you start working at the company? _____

2. NOTICE OF DISMISSAL

Please give the date of your dismissal _____

How were you informed of your dismissal?

- | | |
|--|-----------------------------------|
| <input type="checkbox"/> By letter | <input type="checkbox"/> Verbally |
| <input type="checkbox"/> At / After a disciplinary hearing | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Other (Please describe) _____ | _____ |

3. REASON FOR DISMISSAL

Why were you dismissed?

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> Misconduct | <input type="checkbox"/> Incapacity |
| <input type="checkbox"/> Operational Requirement (Retrenchment) | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Other (Please describe) _____ | _____ |

4. FAIRNESS/UNFAIRNESS OF DISMISSAL

(1) Procedural Issues

Do you think that the dismissal was procedurally unfair?
 (Were internal procedures followed)

YES	NO
-----	----

If yes, why?

(2)

(3) Substantive Issue

Do you feel the reason for the dismissal was unfair?

YES	NO
-----	----

If yes, why?



FOR OFFICE USE ONLY:

DATE RECEIVED _____

NAME OF CMO _____

CHECKLIST: _____

Do we have sufficient contact details?

YES	NO
-----	----

Is the Dispute within BCCCI Jurisdiction?

YES	NO
-----	----

Is there proof that this form has been served on the other party?

YES	NO
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