

*Employment and Labour Relations (General)*

G.N. No. 47 (contd.)

CMA F.1

**REFERRAL OF A DISPUTE TO THE COMMISSION FOR MEDIATION AND  
ARBITRATION**

*(Made under Regulation 34(1))*

**DETAILS OF EMAIL AND PHYSICAL ADDRESS, TELEPHONE NOS. AND FAX  
NOS. OF HEAD OFFICE AND AREA OFFICES OF THE COMMISSION TO BE  
INSERTED HERE**

**READ THIS FIRST:**

**A. PURPOSE OF THE FORM**

This Form shall be completed if a party to a labour dispute intends to refer to dispute to the Commission in terms of section 86(1) of the Employment and Labour Relations Act.

**B. WHO FILLS IN THE FORM?**

The party wishing to refer the dispute – e.g. an employer, employee, union or employer's organization – must complete this form.

**C. WHERE DOES THE FORM GO?**

To the other party to the dispute and a copy to the Commission in the area where the dispute has arisen, together with proof of the Form having been served on the other party or parties.

**D. HOW CAN THE FORM BE SERVED?**

By hand, registered post or fax. Proof of service on any other party must accompany the Form served on the Commission. The following constitutes proof of service.

- by hand: - receipt signed by the party or a person who appears to be at least 18 years old and in charge of the party's place of residence or place of employment, or a signed statement by the person who served the document;
- by registered post:- proof of posting from postal authorities;
- by fax: fax transmission slip confirming the fax was successfully transmitted.

**E. WHAT HAPPENS WHEN THE FORM IS SUBMITTED?**

The Commission shall refer the dispute to mediation and advise all parties of the place, date and time of the first mediation meeting. Provide that the Commission may in certain

*Employment and Labour Relations (General)*

G.N. No. 47 (contd.)

circumstances refer the dispute direct to arbitration in terms of section 88 (3) of the Employment and Labour Relations Act.

IMPORTANT

THE RULES FOR MEDIATION AND ARBITRATION PUBLISHED BY THE COMMISSION REQUIRE A DISPUTE CONCERNING THE TERMINATION OF EMPLOYMENT TO BE REFERRED TO THE COMMISSION WITHIN 30 DAYS OF THE TERMINATION OR THE DATE THAT THE EMPLOYER MADE A FINAL DECISION TO TERMINATE OR UPHOLD THE DECISION TO TERMINATE. ALL OTHER DISPUTE TO BE REFERRED WITHIN 60 DAYS OF THE DISPUTE HAVING ARISEN. IF THIS DISPUTE IS REFERRED OUTSIDE THE TIME PERIODS STIPULATED, AN APPLICATION FOR CONDONATION FROM A PARTY TO THE DISPUTE SHALL ACCOMPANY THIS FORM. OTHERWISE THIS DISPUTE SHALL NOT BE PROCESSED

Tick the correct box

1. DETAILS OF PARTY REFERRING THE DISPUTE

If you are an employee fill in (a) below

As the referring party, are you:

If you are an employer, union official or representative or an employers' organization, fill in (b) below

An employee

An employer

A union official or representative

An employers' organisation

(a **If the referring party is an employee**)

Surname: \_\_\_\_\_

Fist Name: \_\_\_\_\_

Employee Identity Number: \_\_\_\_\_

Postal address: \_\_\_\_\_

Physical address: \_\_\_\_\_

Tel.: \_\_\_\_\_ Cell: \_\_\_\_\_

Fax.: \_\_\_\_\_ Email: \_\_\_\_\_

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

Name: \_\_\_\_\_

Postal address: \_\_\_\_\_

Physical address: \_\_\_\_\_

Tel.: \_\_\_\_\_ Cell: \_\_\_\_\_

*Employment and Labour Relations (General)*

G.N. No. 47 (contd.)

Fax.: \_\_\_\_\_ Email: \_\_\_\_\_  
Contact person: \_\_\_\_\_

Tick the correct box

2. DETAILS OF THE OTHER PARTY (TO THE DISPUTE)

If there is more than one other party, write the details of the additional parties on a separate page and staple it to this form

- An employee
- An employer
- A union
- An employers' organization

Name: \_\_\_\_\_

Postal address: \_\_\_\_\_

Physical address: \_\_\_\_\_

Tel.: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Tick the correct box

3. NATURE OF THE DISPUTE

- Application/interpretation/implementation of any law or agreement relating to employment
- Negotiations about terms and conditions of employment
- Discrimination
- Termination of employment
- Organization rights
- Recognition as exclusive bargaining agent
- Disclosure of information
- Tort
- Breach of contract
- Other (please describe) \_\_\_\_\_

If the dispute concerns termination of employment complete Part B of this Form

\_\_\_\_\_

Summarize the facts of the dispute you are referring (unless this is a termination dispute, in which case complete Part B of this Form)

\_\_\_\_\_

If applicable, insert the amount

If this dispute is about a claim you are



*Employment and Labour Relations (General)*

G.N. No. 47 (contd.)

owed money, state the amount you believe you are owed:

The dispute arose on: \_\_\_\_\_  
(give the date, day, month and year)

The dispute arose where: \_\_\_\_\_  
(give the City/Town in which the dispute arose)

Suggest a fair solution to the dispute

4. OUTCOME OF MEDIATION

What outcome do you seek?  
\_\_\_\_\_  
\_\_\_\_\_

Tick the correct box

5. INDUSTRY

Is the dispute in an essential service

Yes

No

Indicate the sector or service in which the dispute arose.

- Agriculture
  - Building & Construction
  - Cleaning
  - Communications
  - Contract
  - Distribution
  - Domestic
  - Financial Services
  - Food & Beverage
  - Health
  - Mining
  - Private Security
  - Public Service
  - Retail Sector
  - Textiles
  - Transport
  - Other (Please describe)
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*Employment and Labour Relations (General)*

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G.N. No. 47 (contd.)

6. SPECIAL FEATURES/ADDITIONAL INFORMATION

The commissioner provides interpretation services for official languages only.

(a Interpretation Service )

Parties may, at their own cost, bring interpreters for languages other than official languages.

Do you require an interpreter at mediation?  
YES

NO

If yes, please indicate for what language:

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

(b Other  
Briefly outline any special features/additional information the Commissioner needs to note:

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7. APPLICATION FOR CONDONATION

A dispute concerning termination of employment to be referred to the Commission within 30 days, and other disputes within 60 days of the dispute having arisen

(a) Is an application for condonation for late filing of this dispute necessary? Tick the appropriate box

YES

NO

If yes, an application for Condonation Form shall be attached.

Proof that a copy of this form has been sent could be:

- A registered slip from the Post Office
- A signed receipt if hand delivered
- A signed statement by the person delivering the form
- A fax slip

8. 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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Position

\_\_\_\_\_  
Date



**PART B**  
**ADDITIONAL FORM FOR TERMINATION OF EMPLOYMENT DISPUTES ONLY**

Termination disputes shall be referred (i.e. received by the Commission) within 30 days. If you are outside this period, you are required to apply for condonation.

(1) COMMENCEMENT OF THE EMPLOYMENT

When did you start working for your employer?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(2) NOTICE OF TERMINATION

Please give the date of your termination

\_\_\_\_\_

How were you informed of your termination?

- By letter  
 At/After a disciplinary hearing  
 Verbally  
 Other (please describe)

\_\_\_\_\_  
\_\_\_\_\_

REASON FOR TERMINATION

(3) Why was your employment terminated?

- Misconduct  
 Operation requirements (retrenchment)  
 Incapacity  
 Incompatibility  
 Unknown  
 Other (please describe)

\_\_\_\_\_  
\_\_\_\_\_

(4) FAIRNESS/UNFAIRNESS OF TERMINATION

(a) **Procedural Issues**

Do you feel that the termination was procedurally unfair? (i.e. not in terms of a fair procedure)

*Employment and Labour Relations (General)*

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G.N. No. 47 (contd.)

YES   
NO

If yes, why?

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(b) **Substantive Issues**

Do you feel that the reason for termination was unfair?

YES   
NO

If yes, why?

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