

IMPORTANT

READ THIS FIRST



WHAT IS THE PURPOSE OF THIS FORM?

This form assists a person or organisation refers a dispute to the TBC.

WHO FILLS IN THIS FORM?

Employer, Union or employee

WHERE DOES THIS FORM GO?

To the Secretary, Transnet Bargaining Council, P.O. Box 2951, Houghton, 2041, Fax no.: (011) 486-1226.

A copy of this form must be served to the other party.

OTHER INSTRUCTIONS

Transnet Bargaining Council is a single employer Bargaining Council, covering only Transnet and its employees. If you are not working for Transnet you may have to refer your dispute to the CCMA, another council or other appropriate body.

REFERRING A DISPUTE TO THE TRANSNET BARGAINING COUNCIL



- 1. FOR CONCILIATION,**
- 2. FOR ARBITRATION OR**
- 3. FOR CON-ARB**

ADDRESSED TO:

MR M MASHIYA
GENERAL SECRETARY
TRANSNET BARGAINING COUNCIL
P.O. BOX 2951

HOUGHTON Tel. (011) 486-3003/8 Fax. (011) 486-1226/3011
2041 E-Mail: secretary@tbc.co.za www.tbc.co.za

- **PLEASE COMPLETE ALL SUBTITLES IN FULL**
- **PLEASE COMPLETE IN CLEAR CAPITAL LETTERS.**
- **INCOMPLETE FORMS WILL BE RETURNED AS WELL AS THOSE FORMS THAT DO NOT HAVE THE ATTACHED PROOF OF BEING SERVED ON THE OTHER PARTY.**

1) DETAILS OF PARTY REFERRING THE DISPUTE

Tick one box

As the referring party, are you?

An employee a Trade Union an employer

If more than one party is referring the dispute, write their details on a separate page and staple it to this form.

(a) Detail of the referring party if the referring party is a Trade Union or an Employer

Your contact details
Name:
ID Number:
Address:
..... Postal Code:
Tel: Cell:
Fax: Email:
Contact person:

Alternate contact details of employee:
Name:
Postal Address:
..... Postal Code:
Tel: Cell:
Fax: Email:

(b) Details of the party/employee on whose behalf the dispute is being referred or details if the referring party is a non-unionised employee

Your name:
Name of Trade Union:
Employee Number:Grade:
Employee Address:
.....
Tel: Fax:
Fax: Email:
Depot:

Alternative contact details of employee (e.g. A relative or a friend):
Name:
Address:
.....
Tel: Fax:
Fax: Email:

2) DETAILS OF OTHER PARTY (THE OPPOSING PARTY)

Tick one box

The other party is:

an employee a Trade Union

an employer

Name:

Address:

.....

Postal Code :

Tel: **Fax:**

E-mail:

Name of person dealing with the matter and other party's reference number (if known):

If more than one other party is involved in the dispute, write their details on a separate page and staple it to this form.

3) NATURE OF THE DISPUTE

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

- Unfair Dismissal – why were you dismissed?
 - For misconduct
 - Operational Requirements (retrenchment)
 - For incapacity
 - Constructive dismissal
 - Unknown reason

- Unfair Labour Practice
 - Promotion, demotion, probation, training or provision of benefit, Unfair suspension or discipline short of dismissal
 - Failure to reinstate or re-employ in terms of agreement
 - Contravention of Protected Disclosures Act, 2000

(Give details)

- Unilateral change to terms and conditions of employment
- Interpretation/Application of Collective Agreement
- Freedom of Association
- Refusal to Bargain
- Other (please describe)

- Mutual Interest
- Severance pay (S41 BCEA)
- S80 BCEA

.....

If the dispute concerns an alleged unfair dismissal you must also tick the block describing the type of dismissal.

Summarise the facts of the dispute you are referring:

.....

.....

.....

.....



4) SPECIAL FEATURES (IF ANY)

I/we would like to bring the following special features of this dispute to the attention of the Secretary:

.....

.....

.....

.....

.....

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



5) DATE OF DISPUTE

(a) The dispute arose on:
(give the date, or approximate date)

(b) Date of dismissal:
(Date)

(c) Was dismissal related to probation? Y N

How were you informed of your dismissal?

- In writing
- Orally
- Other

(d) **In the case of an UNFAIR LABOUR PRACTICE dispute:**

When did the act or omission giving rise to the unfair labour practice occur?
.....
(Date)

Dismissal disputes must be referred (i.e. received by the Transnet Bargaining Council) within 30 days of dismissal or if it is a later date within 30 days of the employer making a final decision to dismiss or to uphold the dismissal. If more than 30 days has elapsed since the date of the dismissal, you are required to apply for condonation.

Unfair labour practice disputes must be referred to the Transnet Bargaining Council within 90 days of your becoming aware of the act or omission giving rise to the unfair labour practice. If more than 90 days have elapsed, you are required to apply for condonation

6) COMMENCEMENT OF EMPLOYMENT

When did you start working for the employer?

7) DETAILS OF DISPUTE PROCEDURES FOLLOWED

(a) Have you followed all internal grievance/disciplinary Procedures before coming to the Transnet Bargaining Council? YES NO
 Describe the procedures followed:

.....

(b) In the case of a dismissal dispute -
 (i) Was the dismissal procedurally fair? YES NO

If no, why?

(ii) Was the dismissal substantively fair? YES NO

If no, why?

8) BUSINESS UNIT AND REGION

The dispute exists in the following Business Unit :

Tick one box only

Transnet Freight Rail	<input type="checkbox"/>	Transnet Port Terminals	<input type="checkbox"/>
Transnet Group Services	<input type="checkbox"/>	Transnet Rail Engineering	<input type="checkbox"/>
Transnet National Ports Authority	<input type="checkbox"/>	Transnet Properties / Propnet	<input type="checkbox"/>
Transnet Pipelines	<input type="checkbox"/>	Transnet Projects	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

Others (specify):

The dispute exists in which region?

Tick one box

Eastern Cape	<input type="checkbox"/>	Limpopo	<input type="checkbox"/>	North West	<input type="checkbox"/>
Free State	<input type="checkbox"/>	Mpumalanga	<input type="checkbox"/>	Western Cape	<input type="checkbox"/>
Gauteng	<input type="checkbox"/>	National	<input type="checkbox"/>		<input type="checkbox"/>
Kwa-Zulu Natal	<input type="checkbox"/>	Northern Cape	<input type="checkbox"/>		<input type="checkbox"/>

Address in the region:

Where did the dispute arise? Usually this will be the address of the workplace / region

If you ticked **TRANSNET FREIGHT RAIL** in the box above:

Tick one box

Functional Area:

Security
Coal Line
Infrastructure
Ore line
Resource Management

Intermodal & Automotive
Finance
Operations
Other (Specify)

Other (specify):

Address in the functional area (if it differs from paragraph 2):

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

Where did the dispute arise? Usually this will be the address of the workplace / functional department.

9) INTERPRETER SERVICE

Do you require an interpreter? If **yes** please indicate which language:

Afrikaans
Sepedi
Tshivenda
Isindebele
Sesotho

Xitsonga
Isixhosa
Isizulu
Setswana
Isiswati

10) DESIRED OUTCOME

The outcome I/we would like:

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

Describe the outcome or result you would like from this referral. You are not bound by the proposals you make here.

11) 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: (Referring Party)

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

12) OBJECTION TO CON-ARB PROCESS

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

Signed:

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

If any party objects to the arbitration commencing immediately after the conciliation the party must submit a written notice in terms of the Bargaining Council Rules at least 7 days prior to the scheduled date of the conciliation. The parties must attend the conciliation regardless of whether it makes this objection.



13) INFORMING THE OTHER PARTY

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

- 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; or
- A copy of a fax confirmation slip.

A copy of this form has been sent to the other party to the dispute. Proof of this is attached to this form.

Signed at _____ Date: _____

Referring Party

URGENT ATTENTION!!!!!!!!!!!!!!

DID YOU COMPLETE?

INDICATE WITH A TICK



- **DETAILS OF TRADE UNION**
- **DETAILS OF EMPLOYER**
- **DETAILS OF EMPLOYEE**
- **NATURE OF DISPUTE**
- **DATE OF DISPUTE**
- **DESIRED OUTCOME**
- **PROOF OF SERVICE**
