

LRA Form 7.11
Labour Relations Act, 1995
Sections 9, 24, 64, 74, 134, 191(1), 198 and
198A-C
Basic Conditions of Employment Act, 1997
Sections 41

REFERRING A DISPUTE TO THE TRANSNET BARGAINING COUNCIL 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 TBC for conciliation and con-arb.

WHO FILLS IN THIS FORM?

Employer, employee or trade union

OTHER PARTIES

If there is more than one employee to the dispute and the referring party is not a trade union, then each employee must supply his/her personal details and signature on a separate page, which must be attached to this form.

WHERE DOES THIS FORM GO?

The General Secretary of the TBC.

WHAT WILL HAPPEN WHEN THIS FORM IS SUBMITTED?

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

ADDRESSED TO:

**TRANSNET BARGAINING
COUNCIL
P.O. BOX 2951
HOUGHTON
2041
Tel. (011) 486-3003/8
Fax. (011) 486-
1226/0864741003
E-Mail: veronica@tbc.co.za
www.tbc.co.za**

1. DETAILS OF PARTY REFERRING DISPUTE

- An employee A trade union
 An employer

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

Name:.....

Surname:.....

Length of service:..... ID Number:.....

Salary Gross:..... Salary Net:.....

Gender (M/F):..... Age:..... Nationality.....

Postal

Address:.....

.....Code:.....

Tel:.....Cell:.....

Fax:..... Email:

Alternative contact details of the employee (representative/relative or friend):

Name:.....

Surname:.....

Postal

Address:.....

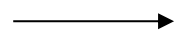
.....Code:.....

Tel:.....Cell:.....

Fax:..... Email:

TBC Case Number.....

Please turn over



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 any of the following:

- A copy of a registered slip from the Post Office; or
- A copy of a signed receipt if hand delivered; or
- A signed statement confirming service by the person delivering the form; or
- A copy of a fax or email confirmation slip; or
- Any other satisfactory proof of service.

Attach supporting documents

The TBC may be requested to assist with service.

UNFAIR LABOUR PRACTICE

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

(b) Name of the referring party if the referring party is an employer, or trade union

Name:.....

Surname (if applicable):.....

Designation:.....

Postal Address:.....

..... Code:.....

Tel:..... Cell:.....

Fax:..... Email:

Contact person:.....

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

Full Name(s):.....

Postal

Address:.....

..... Code:.....

Physical

Address:.....

..... Code:.....

Tel:..... Cell:.....

Fax:..... Email:.....

Number of employees employed by the employer:

Please turn over 

3. NATURE OF THE DISPUTE

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

- | | |
|---|--|
| <input type="checkbox"/> Dismissal | <input type="checkbox"/> Mutual Interest |
| <input type="checkbox"/> Severance Pay | <input type="checkbox"/> S198 LRA |
| <input type="checkbox"/> Unfair Labour Practice | <input type="checkbox"/> S198B (Fixed Term Contract) |
| <input type="checkbox"/> Interpretation / Application of Collective Agreement | |
|
 | |
| <input type="checkbox"/> Unilateral Changes to Terms and Conditions of Employment – S64 LRA | |
| <input type="checkbox"/> Refusal to Bargain | |
| <input type="checkbox"/> S198A LRA (Temporary Employment) | |
| <input type="checkbox"/> S198C (Part-time Employment) | |
| <input type="checkbox"/> S198A(4) LRA (Dismissal) | |
| <input type="checkbox"/> S198A(5) LRA (Unfavorable treatment) | |
| <input type="checkbox"/> Other | |

If it is an unfair dismissal dispute, tick the relevant box

- | | |
|--|--|
| <input type="checkbox"/> Misconduct | <input type="checkbox"/> Incapacity |
| <input type="checkbox"/> Unknown Reasons | <input type="checkbox"/> Constructive Dismissal |
| <input type="checkbox"/> Poor Work Performance | <input type="checkbox"/> Dismissal relating to Probation |
| <input type="checkbox"/> Operational Requirements (Retrenchments) | |
| <input type="checkbox"/> Where I was the only employee dismissed | |
| <input type="checkbox"/> Where the employer employs less than ten (10) employees | |

Other

4. SUMMARISE THE FACTS OF THE DISPUTE (Use additional paper if necessary)

.....

.....

.....

.....

.....

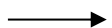
.....

This section must be completed!



(If it is an unfair labour practice, state whether it relates to probation.)

Please turn over



5. DATE AND PLACE WHERE 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 arose)

6. DATE OF DISMISSAL (if applicable) _____

7. FAIRNESS/UNFAIRNESS OF DISMISSAL (if applicable)

(a) Procedural Issues

Was the dismissal procedurally unfair? Yes No
If yes, why?

.....
.....

(b) Substantive Issues

Was the reason for the dismissal unfair? Yes No
If yes, why?

.....
.....

8. RESULT REQUIRED

.....

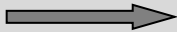
9. BUSINESS UNIT

Indicate the sector or service in which the dispute arose.

- | | |
|--|--|
| <input type="checkbox"/> Transnet Group | <input type="checkbox"/> Transnet Freight Rail |
| <input type="checkbox"/> Transnet Engineering | <input type="checkbox"/> Transnet Pipelines |
| <input type="checkbox"/> Transnet National Ports Authority | <input type="checkbox"/> Transnet Property |
| <input type="checkbox"/> Transnet Port Terminals | |

PROVINCE

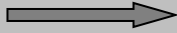
This section must be completed!



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

Please turn over 

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



Resolving a dispute internally may include engagements with management, filing a grievance and/or following any other process as set out in the company policy.

Failure to make reasonable attempts to resolve the dispute will mean the referral is pre-mature and therefore, the TBC may not have jurisdiction / or power to determine the dispute.

10. INTERPRETER SERVICES

Is an interpreter required? **Yes / No**

- | | | |
|--|-------------------------------------|-----------------------------------|
| <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"/> IsiSwati | <input type="checkbox"/> Xitsonga |
| <input type="checkbox"/> Sign Language | <input type="checkbox"/> Tshivenda | |
| <input type="checkbox"/> Other | | |

11. CONFIRMATION OF ABOVE DETAILS

Form submitted by:

.....
(please print name)

Signature:

Position:

Date:

Place.....



TO TRANSNET BARGAINING COUNCIL

PROTECTION OF PERSONAL INFORMATION ACT, 4 OF 2013

By signing this referral form, I/we hereby grant my/our voluntary consent that my/our personal information may be processed, collected, used and disclosed in compliance with the Protection of Personal Information Act, 4 of 2013. I/we furthermore agree that my/our personal information may be used for the lawful and reasonable purposes in as far as the TBC (responsible party) must use my/our information in the performance of its public legal duty. I/we understand that my/our personal information may be disclosed to a third party in as far as the TBC must fulfil its public legal duty. I/we furthermore understand that there are instances in terms of abovementioned Act where my express consent is not necessary to permit the processing of personal information, which may be related to litigation or when the information is publicly available. Further details are available on the TBC website.

SIGNED AT _____ **ON THIS** _____ **DAY OF** _____ **202**__

INITIAL AND SURNAME: _____

SIGNATURE: _____