

LRA Form 7.11  
Labour Relations Act 1995  
Sections 133, 135, 191(1) and  
191(5A)

**PART A**  
**REFERRING A DISPUTE TO**  
**THE CCMA 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 CCMA for conciliation and con-arb.

**WHO FILLS IN THIS FORM?**

Employer, employee, union or employers' organisation.

**WHERE DOES THIS FORM GO?**

The Registrar, Provincial Office of the CCMA in the province where the dispute arose. See details on this page

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

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

**OTHER INSTITUTIONS**

Please note that if you are covered by a bargaining council, a statutory council or an accredited agency you may have to take the dispute to that council or agency.

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

If in doubt contact the CCMA 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.

**PROVINCIAL OFFICES OF THE CCMA**

**CCMA EASTERN CAPE – East London**

6 Oxford Street  
**EAST LONDON**  
Private Bag X9068, EAST LONDON, 5200  
Tel: (043) 743-0826  
Fax: (043) 743-0810  
Email: PE@ccma.org.za

**CCMA EASTERN CAPE – Port Elizabeth**

CCMA House, 107 Govan Mbeki Avenue  
**PORT ELIZABETH**  
Private Bag X22500, PORT ELIZABETH, 6000  
Tel: (041) 505-4300  
Fax: (041) 586-4585  
Email: PE@ccma.org.za

**CCMA FREE STATE**

CCMA House, Cnr Elizabeth & Westburger Streets  
**BLOEMFONTEIN**  
Private Bag X20705, BLOEMFONTEIN, 9300  
Tel: (051) 505-4400  
Fax: (051) 448-4468/9  
Email: BLM@ccma.org.za

**CCMA GAUTENG – Johannesburg Regional Office**

127 Fox Street  
**JOHANNESBURG**  
Private Bag X94, MARSHALLTOWN, 2107  
Tel: (011) 220-5000  
Fax: (011) 220-5101 / 02/03/04/05 / 0861 392 262  
Email: Johannesburg@ccma.org.za

**CCMA GAUTENG – Tshwane (Pretoria)**

Metro Park Building, 351 Schoeman Street  
**PRETORIA**  
Private Bag X176, PRETORIA, 0001  
Tel: (012) 392-9700  
Fax: (012) 392-9701/2  
Email: Pretoria@ccma.org.za

**CCMA KWAZULU-NATAL – Durban**

Embassy Building, 199 Smith Street  
**DURBAN**  
Private Bag X54363, DURBAN, 4000  
Tel: (031) 362-2300  
Fax: (031) 368-7387 / 7407  
Email: KZN@ccma.org.za

**CCMA KWAZULU-NATAL – Pietermaritzburg**

Gallwey House, Gallwey Lane  
**PIETERMARITZBURG**  
PO Box 72, PIETERMARITZBURG, 3200  
Tel: (033) 345-9249 / 9271  
Fax: (033) 345-9790  
Email: [KZN@ccma.org.za](mailto:KZN@ccma.org.za)

**CCMA KWAZULU-NATAL – Richards Bay**

First Floor, Promenade Building, Cnr Tassel Berry & Lira Link Streets  
**RICHARDS BAY**  
Private Bag X1026, RICHARDS BAY, 3900  
Tel: (035) 789-0357  
Fax: (035) 789-7148  
Email: KZN@ccma.org.za

**CCMA LIMPOPO**

CCMA House, 104 Hans van Rensburg Street  
**POLOKWANE**  
Private Bag X9512, POLOKWANE, 0700  
Tel: (015) 297-5010  
Fax: (015) 297-1649  
Email: PTB@ccma.org.za

**CCMA MPUMALANGA**

CCMA House, Diedericks Street  
**WITBANK**  
Private Bag X7290, WITBANK, 1035  
Tel: (013) 656-2800  
Fax: (013) 656-2885/6  
Email: WTB@ccma.org.za

**CCMA NORTHERN CAPE**

CCMA House, 5-13 Compound Street  
**KIMBERLEY**  
Private Bag X6100, KIMBERLEY, 8300  
Tel: (053) 831-6780  
Fax: (053) 831-5948  
Email: KMB@ccma.org.za

**CCMA NORTH WEST - Klerksdorp**

CCMA House, 47 Siddle Street  
**KLERKSDORP**  
Private Bag X5004, KLERKSDORP, 2570  
Tel: (018) 464-0700  
Fax: (018) 462-4126  
Email: KDP@ccma.org.za

**CCMA NORTH WEST - Rustenburg**

Shop SG7 11B, 43-45 Boom Street  
**RUSTENBURG**  
Private Bag X82104, RUSTENBURG, 0300  
Tel: To be confirmed  
Fax: (014) 538-1267  
Email: To be confirmed

**CCMA WESTERN CAPE**

CCMA House, 78 Darling Street  
**CAPE TOWN**  
Private Bag X9167, CAPE TOWN, 8000  
Tel: (021) 469-0111  
Fax: (021) 465-7193/7  
Email: CTN@ccma.org.za

**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:.....

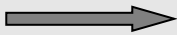
Tel:.....Cell:.....

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 CCMA) 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"/> Refusal to Bargain   |
| <input type="checkbox"/> Organisational Rights                                   | <input type="checkbox"/> Mutual Interest                                 | <input type="checkbox"/> S80 BCEA   |
| <input type="checkbox"/> Unilateral change to terms and conditions of employment | <input type="checkbox"/> Severance pay S41 BCEA                          | <input type="checkbox"/> Unfair Discrimination S10 of the Employment Equity Act <i>(Give details)</i> |
| <input type="checkbox"/> Interpretation/ Application of Collective Agreement     | <input type="checkbox"/> Disclosure of Information                       | <input type="checkbox"/> S19 Skills Development Act   |
| <input type="checkbox"/> Freedom of Association                                  | <input type="checkbox"/> Unfair Labour Practice (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 CCMA?  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"/> Retail sector | <input type="checkbox"/> Private Security                      | <input type="checkbox"/> Public Service    |
| <input type="checkbox"/> Mining        | <input type="checkbox"/> Paper & Printing                      | <input type="checkbox"/> Health            |
| <input type="checkbox"/> Motor         | <input type="checkbox"/> Services                              | <input type="checkbox"/> Chemical          |
| <input type="checkbox"/> Distribution  | <input type="checkbox"/> Food & Beverage                       | <input type="checkbox"/> Agriculture       |
| <input type="checkbox"/> Wholesale     | <input type="checkbox"/> Building & Construction               | <input type="checkbox"/> Contract Cleaning |
| <input type="checkbox"/> Domestic      | <input type="checkbox"/> Other ( <i>please describe</i> )..... |  |

**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 CCMA 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 CCMA Rule 17(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)



LRA Form 7.11  
 Section 135  
 Labour Relations Act 1995  
 Section 191(5A)

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

**DATE OF REFERRAL**

Dismissal disputes must be referred (i.e. received by the CCMA) 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 your dismissal, you are required to apply for condonation.

Tick the correct box

Tick the correct box

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

**1. COMMENCEMENT OF EMPLOYMENT**

When did you start working at the company? .....

**2. NOTICE OF DISMISSAL**

When were you dismissed (date)? .....

How were you informed of your dismissal?

In writing  Orally

Other (*please describe*) .....

**3. REASON FOR DISMISSAL**

Why were you dismissed?

Misconduct  Incapacity

Operational Requirements (Retrenchment)  Unknown

Constructive

Other (please describe) .....

**4. WAS THE DISMISSAL RELATED TO PROBATION**  Yes  NO

**5. FAIRNESS/UNFAIRNESS OF DISMISSAL**

**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

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