

# REPORT OF DISPUTE

(Referring a dispute to CMAC for conciliation)



**READ THIS FIRST!**

**WHAT IS THE PURPOSE OF THIS FORM?**

This form assists a person or an organization to refer a dispute to CMAC for conciliation.

**WHO FILLS IN THE FORM?**

Employee, employer, Union, employer's organization or an applicant for employment for unfair discrimination under Section 41 of the Employment Act.

**WHERE DOES THIS FORM GO?**

To the CMAC office in the region where the issue giving rise to the dispute arose.

**INSTRUCTIONS!**

If there is more than one Applicant or more than one Respondents the details of the other Applicants and/or Respondents must appear on a separate sheet attached to this Form.

When you refer a dispute to CMAC, CMAC will appoint a Commissioner within 4 days who must attempt to resolve the dispute through conciliation within 21 days from the date of his appointment.

CMAC REF. NO: .....

Please tick the correct box

As the Referring Party / Applicant, Are You:

An employee

An employer

A trade union

An employer's organization

**1. APPLICANT**

Name : .....

Number of People Affected: .....

I.D. Number: .....

Contact Person: .....

Postal Address: .....

.....

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Telephone: ..... Cell: .....

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

**2. RESPONDENT**

Name: .....

Contact Person: .....

Physical Address: .....

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.....  
Postal Address: .....

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.....  
Telephone: ..... Cell: .....

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

**3. EMPLOYMENT DETAILS**

3.1 Date Employment Began: .....

3.2 Capacity Employed: .....

3.3 Did You Receive Written Particulars Of Employment  
When You Were Employed Or Anytime Thereafter :  
(YES/NO) .....

3.4. How Much Were You Paid (GROSS): .....

3.5 How Were You Paid Your Wages: (DAILY, WEEKLY,  
FORTH NIGHTLY, MONTHLY) .....

**4. TERMINATION OF EMPLOYMENT DETAILS**

4.1 Have You Been Dismissed: (YES/NO) .....

4.2 If YES, Was It Verbal Or In Writing: .....

4.3 When Were You Dismissed: .....

**5. DISPUTE DETAILS**

5.1 State The Nature Of The Dispute: .....

5.2 Date Dispute First Arose: .....



State whether you were given a disciplinary hearing or not, notified in time of the hearing, given an opportunity to call your own witnesses and cross-examine those of the other party, allowed representation, afforded the right to appeal, whether appeal was held, etc.

State the reason for the dismissal and why you believe that it is unfair.

State what agreement you would like to have with the other party at the end of the conciliation

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**6. ISSUES IN DISPUTE**

6.1 Was The Dismissal Procedurally Unfair (YES / NO): .....

If YES, Why? .....

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6.2 Was the Dismissal Substantively Unfair (YES/NO): .....

If YES, Why? .....

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6.3 What Outcome Do You Require From Conciliation :

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**7. DEPARTMENT OF LABOUR INTERVENTION**

7.1 Has The Commissioner Of Labour Previously Intervened In  
The Dispute In Terms Of **Section 82(1)** (YES/NO): .....

If The Answer Is YES, What Was The Outcome Of The  
Intervention (EXPLAIN):.....

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SIGNED AT .....ON THIS .....DAY OF.....20.....

.....  
**REFERRING PARTY'S SIGNATURE**

To be signed by person who receives form if hand delivered. Person who receives form must be 16 years or above.

Received copy hereof on this \_\_\_\_\_ day of \_\_\_\_\_ 20....  
Full Name:.....Capacity:.....

**FOR OFFICIAL USE**

**FORM RECEIVED:.....CMA REF:.....**