

**CMAC Form 16**

Section 96 of the  
industrial relations  
act 2000 (as  
amended)

# REPORT OF DISPUTE FOR ESSENTIAL SERVICES



**DATE:**..... **CMAC REF :** .....

**TELEPHONE:**..... **FAX:** .....

## 1. DETAILS OF PARTY REFERRING THE DISPUTE

As the referring party, are you: (Tick appropriate box)

Trade union       An employer       An employer's organization

### (a) DETAILS OF PARTY REFERRING DISPUTE

Name: .....

Postal Address:.....

.....Postal Code:.....

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

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

### (b) Alternate contact details of the Applicant

Name:.....

Postal Address:.....

.....Postal Code:.....

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

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

### 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.**

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

The other party is: (Tick appropriate box)

An employer

A trade union

An employer's organisation

Name: .....

Postal Address:.....

.....Postal Code:.....

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

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

**3. NATURE OF THE DISPUTE**

What is the dispute about?

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Summarise the facts of the dispute you are referring:

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**4. DATE DISPUTE AROSE**

The dispute arose on:.....  
(give the, day, month of the year)

**5. DETAILS OF DISPUTE PROCEDURES FOLLOWED**

Have you followed all internal grievance/ disciplinary procedures before coming to CMAC?                       Yes                       No

**Describe the procedures followed:**.....

.....

.....

.....

.....

.....

**Instructions**

**Where there is evidence of procedures followed you are expected to attach it.**

**6. SECTOR**

Indicate the sector or service in which the dispute arose.

☐ Water Services    ☐ Fire Services                      ☐ Sanitary Services

☐ Electricity Services    ☐ Health Services    ☐ Telephone & telegraphic services

**7. SPECIAL FEATURES/ ADDITIONAL INFORMATION**

Briefly outline any special features/ additional information CMAC needs to note:

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

**8. CONFIRMATION OF ABOVE DETAILS**

**Signature of party referring the dispute:.....**

**Signed at :..... on this.....**  
**(place) (date)**