

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:

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8. CONFIRMATION OF ABOVE DETAILS

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

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