

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

**PART A**  
**REFERRING A DISPUTE TO**  
**THE SCPNPI 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 Statutory Council for the Printing, Newspaper and Packaging Industries for conciliation and con-arb.

**WHO FILLS IN THIS FORM?**

Employer, employee, union or employers' organisation.

**WHERE DOES THIS FORM GO?**

The General Secretary, office of the Statutory Council for the Printing, Newspaper and Packaging Industries.  
See details on this page.

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

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

**OTHER 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.

**OFFICE OF THE STATUTORY COUNCIL FOR THE  
PRINTING, NEWSPAPER AND PACKAGING INDUSTRY**

**GAUTENG**

**Physical Address:** UCS House  
209 Smit street  
3rd Floor  
Braamfontein

**Postal Address:** PO.Box 30886  
Braamfontein  
2017

**Telephone:** Dispute Department (011) 403-6860  
Accounts Department (011) 403-6865

**Fax:** (011) 403-9986

**Email:** [admin.statcouncil@telkomsa.net](mailto:admin.statcouncil@telkomsa.net)

**READ THIS FIRST**



Tick the applicable 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 organization that is referring the dispute or assisting a member to refer a dispute must be filled in (b).

Tick the applicable box

**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.

**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 the employee:

Name: .....

Postal Address: .....

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

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

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

Are you a member of a Trade Union ( ) YES ( ) NO

If yes, Name of Trade Union .....

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

Name: .....

Postal Address: .....

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

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

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

Please turn over

Tick the applicable 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 Statutory Council) 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>(Give details) | <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<br>S41 BCEA                | <input type="checkbox"/> Unfair Discrimination<br>S10 of the Employment<br>Equity Act (Give details) |
| <input type="checkbox"/> Interpretation/Application of<br>Collective Agreement   | <input type="checkbox"/> Disclosure of Information                | <input type="checkbox"/> S19 Skills<br>Development Act   |
| <input type="checkbox"/> Freedom of Association                                  | <input type="checkbox"/> Unfair Labour Practice<br>(probation)    |  |
| <input type="checkbox"/> Other (please describe) .....                           |   |  |

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 Statutory Council?  YES  NO

Describe the procedures followed: .....

.....

.....

**6. RESULT OF CONCILIATION**

What outcome do you require? .....

.....

.....

Please turn over →

Tick the applicable 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.

- Printing Industry
- Newspaper Industry
- Packaging Industry

**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"/>          |
| <input type="checkbox"/> Sepedi    | <input type="checkbox"/> Sesotho    | <input type="checkbox"/> Setswana                                 | <input type="checkbox"/> isiXhosa |
| <input type="checkbox"/> Tshivenda | <input type="checkbox"/> Xitsonga   | <input type="checkbox"/> Other (please indicate).....siSwati..... |                                   |

**9. SPECIAL FEATURES / ADDITIONAL INFORMATION**

Briefly outline any special features / additional information the SCPNPI 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(s) 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 SCPNPI 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 Statutory Council) 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 applicable box

Tick the applicable 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?  
 .....  
 .....  
 .....