**PART A**

**REFERRING A DISPUTE TO THE SCPNPI FOR CONCILIATION (INCLUDING CON-ARB)**

**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 |

**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.
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: ......................................................................

(b) Name of the referring party if the referring party is an employer's organization

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

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

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.

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: ......................................................................
### 3. NATURE OF THE DISPUTE

What is the dispute about (tick only one box)?

- [ ] Unfair dismissal
- [ ] Unfair Labour Practice (Give details)
- [ ] Refusal to Bargain
- [ ] Organisational Rights
- [ ] Mutual Interest
- [ ] S80 BCEA
- [ ] Unilateral change to terms and conditions of employment
- [ ] Severance pay
- [ ] S41 BCEA
- [ ] Unfair Discrimination
- [ ] S10 of the Employment Equity Act (Give details)
- [ ] Interpretation/Application of Collective Agreement
- [ ] Disclosure of Information
- [ ] S19 Skills Development Act
- [ ] Freedom of Association
- [ ] Unfair Labour Practice (probation)
- [ ] Other (please describe) .................................................................

Summarise the facts of the dispute you are referring:

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

If the dispute concerns dismissals, also complete Part B (See Page 5).

### 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
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

☐ Afrikaans ☐ isiNdebele ☐ isiZulu ☐
☐ Sepedi ☐ Sesotho ☐ Setswana ☐ isiXhosa
☐ Tshivenda ☐ Xitsonga ☐ Other (please indicate) isiSwati

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))

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.

Signed: ............................................................................................

11. OBJECTION TO CON-ARB PROCESS

Signed: ............................................................................................

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)

**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.

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

<table>
<thead>
<tr>
<th>1. COMMENCEMENT OF EMPLOYMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>When did you start working at the company?</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>2. NOTICE OF DISMISSAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>When were you dismissed (date)?</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>3. REASON FOR DISMISSAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Why were you dismissed?</td>
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<table>
<thead>
<tr>
<th>4. WAS THE DISMISSAL RELATED TO PROBATION</th>
</tr>
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<tbody>
<tr>
<td>Tick the applicable box</td>
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<tr>
<td>YES ☐ NO ☐</td>
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</table>

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<thead>
<tr>
<th>5. FAIRNESS / UNFAIRNESS OF DISMISSAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Procedural Issues</td>
</tr>
<tr>
<td>Was the dismissal procedurally unfair?</td>
</tr>
<tr>
<td>Tick the applicable box</td>
</tr>
<tr>
<td>YES ☐ NO ☐</td>
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<tr>
<td>If yes, why?</td>
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<tr>
<td>...........................................................................................................</td>
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<table>
<thead>
<tr>
<th>b. Substantive Issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was the reason for the dismissal unfair?</td>
</tr>
<tr>
<td>Tick the applicable box</td>
</tr>
<tr>
<td>YES ☐ NO ☐</td>
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<tr>
<td>If yes, why?</td>
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