

# COMMISSION FOR CONCILIATION AND MEDIATION

*MS ISO 9001:2015 Certified - RF154*

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## LABOUR DISPUTE Form

**under Section 64 of the Employment Relations Act 2008 (as amended by Act 21 of 2019)**

### **1. Particulars of Disputant**

Name: Mr./Mrs./Ms./Trade Union/ JNP/ Organisation

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.....

Designation: .....

.....

Residential Address: .....

.....

Office Address: .....

Tel. No. .... Mobile No. ....

Fax No. .... Email: .....

### **2. Particulars of Respondent**

Name: Mr. /Mrs./Ms./Trade Union/ JNP/ Organisation

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Designation: .....

.....

Office Address : .....

.....

Tel. No. .... Mobile No.: .....

Fax No. .... Email: .....







**10.** In case you have reported a labour dispute previously to the Commission, please submit a copy of the labour dispute.

**11.** A copy of this labour dispute has been/will be served to the Respondent on .....

.....

.....

Signature

.....

Date