GPSSBC

GENERAL PUBLIC SERVICE SECTOR BARGAINING COUNCIL

The data subject agrees that GPSSBC can process their personal

information on the terms and conditions set forth in GPSSBC's privacy policy, available at:

https://gpssbc.org.za/download/55/general/1223/gpssbc_privacypolicy

GPSSBC REFERRAL FORM G2	REQUESTING FOR ARBITRATION

READ THIS FIRST

WHAT IS THE PURPOSE OF THIS FORM?
If conciliation fails, a party may request that the GPSSBC resolve the dispute by arbitration.

WHO FILLS IN THIS FORM?
The party requesting the arbitration

WHERE DOES THIS FORM GO?
To the Secretary of Council.
260 Basden Avenue,
Lyttleton, Centurion
PO Box 16663,
Lyttelton,0141
Tel:012-644 8100
Fax:012-664 8749
referrals@gpssbc.org.za

WHAT TO DO IF AN INTERPRETER IS REQUIRED:
Attach the request for an interpreter to this form, indicating the official language for which an interpreter is needed.

OUTCOME FORM
Please attach the outcome form as proof that the Conciliation was unresolved

1. DETAILS OF PARTY REQUESTING ARBITRATION

Name:_____
Tel: _____ Postal Address_____
Cell:_____ _____
Fax:_____ _____
Email:_____

2. DETAILS OF THE OTHER PARTY

Department: _____

Contact person:_____
Tel:_____ Postal Address:_____
Cell:_____ _____
Fax:_____ _____
Email:_____

3. DISPUTE DETAILS

Case Reference Number:_____

The case between _____ and_____
(party) **(other party)**
was referred for conciliation, but remains unresolved. I / we now request that the matter be resolved through arbitration.

The issue/s in dispute are _____

_____

_____

(Give a brief description. The arbitrator may require a more detailed statement of case later)

4. WHAT DECISION WOULD YOU LIKE THE ARBITRATOR TO MAKE?

_____

_____

(The arbitrator may require a more detailed statement later)

5. CONFIRMATION OF ABOVE DETAILS

Form submitted by (name):_____

Designation:_____Signature:_____

Signed at (place)_____this_____day of_____20____