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 FORM

# INQUIRY IN TERMS SECTION 188A (11) OF THE LABOUR RELATIONS ACT 66 OF 1995 INQUIRY BY ARBITRATOR

**READ THIS FIRST**

**WHAT IS THE PURPOSE OF THIS FORM?**

**WHO FILLS IN THIS FORM?**

**The employee.**

**WHERE DOES THIS FORM GO?**

**To the Secretary to Council.**

**Contact details:**

**Tel:012-644 8132**
**Fax:012-664 8749**
**260 Basden Avenue,**
**Lyttelton,**
**Centurion**
**PO**
**Box16663,Lyttelton,0146**
**referrals@gpssbc.org.za**

## 1. DETAILS OF EMPLOYEE REQUESTING INQUIRY BY ARBITRATOR

**Name of Employee:** _____

| | | |
|---|---|---|
| **Physical Address** | | |
| **Postal Address** | | |
| **Contact Person** | | |
| **Tel:** | **Cell:** | **Fax:** |
| **Email Address** | | |

## 2. REQUEST DETAILS OF THE EMPLOYER

**(Name of Employer)** _____

| | | |
|---|---|---|
| **Full names of Employer: Representative** | | |
| **Address of Employer** | | |
| **Tel:** | **Cell:** | **Fax:** |
| **Email Address** | | |

## 3. ALLEGATIONS ABOUT CONDUCT

(Attach a copy of the allegations to this form)

An employee alleges in good faith that holding of an inquiry contravenes the Protected Disclosures Act that employee may require inquiry be conducted in terms of this section.

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**No Consent is Required in terms of section 188A(11) inquiry by arbitrator if the employee alleges a in good faith that holding of an inquiry contravenes the PDA**

**4. CONFIRMATION Of INQUIRY BY ARBITRATOR**

I _____

**(Name of Employee)**

confirm that I have been advised of the allegations against me; and

(a) I request the Inquiry in terms of section 188A(11) process; or

(b) I earn more than the prescribed fee in terms of Section 6(3) of the Basic Condition of Employment Act and a copy of the contract of employment is attached hereto.

**EMPLOYEE'S SIGNATURE:** _____

**WITNESS:** _____

**FEES PAYABLE**

**Payment of the prescribed fee must be made as per GPSSBC Fee Policy.**

Payment may only be made by:

- Bank guaranteed cheque;
- Direct electronic payment into the GPSSBC's bank account.

**5. PAYMENT OF FEES:**

**1. PAYMENT OF FEES:**

A prescribed fee is payable in terms of the GPSSBC Fee Policy.

**6. PLACE OF HEARING**

Please select where you would like the hearing to take place:

❑ **Premises arranged by Bargaining Council**
❑ **Employer Premises**

If you select employer premises, please provide the address of employer premises.

| **EMPLOYER ADDRESS** |
| --- |
| |

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**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.

**7. SERVICES**

**(a) Interpretation Services**

Do you require an interpreter at the hearing?

❑ **Yes**
❑ **No**

If yes, please indicate for what language:

| | | |
|---|---|---|
| ❑ Afrikaans | ❑ Sepedi | ❑ Tshivenda . |
| ❑ IsiNdebele | ❑ Sesotho | ❑ Xitsonga |
| ❑ IsiZulu | ❑ Setswana | ❑ isiXhosa |
| ❑ siSwati | ❑ **Other** _____ | |

**(please indicate)**

**(b) Other**

Briefly outline any special features / additional information the Council needs to note:

| |
|---|
| |
| |
| |
| |
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| |
| |
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**8. CONFIRMATION OF ABOVE DETAILS:**

Form submitted by (name): _____

Signature: _____