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 Florida North 1734
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 1716

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STATUTORY COUNCIL FOR THE FAST FOOD, RESTAURANT, CATERING AND ALLIED TRADES

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The Secretary,

Sir/Madam,

LODGING OF COMPLAINT WITH THE STATUTORY COUNCIL



Read this first

<p>WHAT IS THE PURPOSE OF THIS FORM? To record a complaint</p> <p>WHO COMPLETES THIS FORM? The agent and/or complainant(s)</p> <p>WHERE DOES THIS FORM GO? The Statutory Council for the Fast Food, Restaurant, Catering and Allied Trades. P.O. Box 878 Florida Hills, 1716</p> <p>NB! It is the responsibility of the party lodging the complaint to ensure that all documentation is fully completed and served on the employer before submission to the Bargaining Council. Incomplete documentation may delay the progress.</p>	<p>1. DETAILS OF EMPLOYEE</p> <p>I/we the undersigned being <input type="checkbox"/> an employee, <input type="checkbox"/> a trade union, refer the following complaint to the Bargaining Council to be investigated:</p> <p>Surname: _____ First Names: _____</p> <p>Identity Number: _____</p> <p>Employed as: _____</p> <p>Postal Address: _____ Postal Code: _____</p> <p>Tel: _____ Fax: _____</p> <p>Cell: _____ E-mail: _____</p> <p><i>NB! If the referring party is a trade union, please indicate if you are a party to the Bargaining Council [] Yes [] No</i></p> <p>Name of Trade Union: _____</p> <p>2. DETAILS OF EMPLOYER</p> <p>Company Name: _____</p> <p>Contact Person: _____</p> <p>Street Address: _____ Postal Code: _____</p> <p>Postal Address: _____ Postal Code: _____</p> <p>Tel: _____ Fax: _____</p> <p>Cell: _____ E-mail: _____</p>
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3. DETAILS OF EMPLOYMENT:

Started: _____ Salary/Wage: _____
Left: _____ Occupation: _____
Duties: _____ Working Hours: _____

Days per week: _____

4. NATURE OF DISPUTE

- Non-payment of Overtime Annual Leave Sick Leave
- Non-payment for work on Public Holidays Maternity Leave Other
- Non-payment Pro rata Leave

5. SUMMARISE THE NATURE OF THE COMPLAINT:

6. DETAILS OF DISPUTE PROCEDURES FOLLOWED

a) Have all internal grievance procedures been followed and exhausted? (If not, a full explanation and reason must be stated)

- Yes No

Describe the procedures followed:

7. SECTOR

Indicate the sector in which the complaint arose:

- Restaurant Catering Cafe
- Fish & Chips Take away food Roadhouse
- Tea Room Other: _____

8. SIGNATURE OF COMPLAINANT Signed: _____ Date: _____