

**REQUEST FOR DISPUTE:
UNFAIR LABOUR PRACTICE**



Requested by.....

For: Member (Name & Surname)

ID No of Applicant.....Employee / Sap / Pension no:

Grade / Job title.....Depot / Workplace.....

Nature of dispute.....

Dispute arose on (Date).....

Employee Relations (ER) Manager/Officer responsible for the case.....

..... Physical address.....

.....

Tel no..... Fax no:E-mail:

Internal process has been followed (Proof) (yes) (no).....

Motivation:.....

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Prospect of success:

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TRADE UNION REPRESENTATIVE (TUR).....

DATE

PLEASE SUBMIT THE COMPLETED FORM TO:

Email: disputes@untu.co.za