



BARGAINING COUNCIL FOR THE RESTAURANT, CATERING AND ALLIED TRADES

2nd Floor
No. 1 Rissik Street
Penmore Towers
Johannesburg
2001

Tel: (011) 832 1180/1/2/3/4
FAX NO'S
Admin & Statutory (011) 832 1192/1176 ☎
Accounts (011) 832 1178 ☎
D.R.C (011) 832 1191 ☎

P.O. Box 30822
Braamfontein
2017

Website: www.bcrcat.co.za

email: maggie@bcrc.co.za

NOTIFICATION OF COMPLAINT

TO: _____

Enquiry: Ntshebo / Sibongile

Ref: C _____ / _____ / _____

Date: _____

RESPONDENT

Dear Sir / Madam,

BARGAINING COUNCIL'S COLLECTIVE AGREEMENT AS PROMULGATED IN GOVERNMENT GAZETTE NO 20840 DATED 4TH FEBRUARY 2000 READ WITH GOVERNMENT GAZETTE 22071 DATED 3RD FEBRUARY 2001 READ WITH GOVERNMENT GAZETTE NO 23355 DATED 26TH APRIL 2002. REA WITH GOVERNMENT GAZETTE NO 24329 DATED 7TH FEBRUARY 2003. READ WITH GOVERNMENT GAZETTE NO. 26054, VOL. 464, REGULATION GAZETTE NO. R 241, DATED 27TH FEBRUARY 2004, READ WITH GOVERNMENT GAZETTE NO. 27337 VOL. 476 DATED 25TH FEBRUARY 2005 READ WITH GOVERNMENT GAZETTE NO.27947, DATED 02ND SEPTEMBER 2005 READ WITH GOVERNMENT GAZETTE NO.31323 VOL 518,REGULATIONSGAZETTE NO.8941 DATED 15TH AUGUST 2008 R849

1.1) The complainant / Applicant details are:

1) Name and Surname: _____

2) Identity Number: _____

1.2) It is further alleged by the Applicant that you have contravened the Bargaining Council's Collective Agreement as per the attached Annexure hereto Marked as "A"

1.3) It is further alleged by the Applicant that his / her:

1.3.1) Period of employment from _____ to _____

1.3.2) Salary per week : _____ per month _____

2. If you satisfied that the complaint is justified, there would be no objection if you wish to make a direct adjustment of the matter in dispute with the complainant. Proof of any direct payment(s)/ adjustment of the complainant must be forwarded to the Council at the above address within 14 days from the date of this letter.

3. If however, you are not satisfied that any complaint is justified, you are required to state on the attached Annexure "B" what your response is and return it via the complainant or post or fax, to this office within 14 days of the date of this letter. More is obtainable from:

Ntshebo Mbongwe and Sibongile Gamede on telephone no: 011 832 1180/1/2/3/4

Your co-operation in the above is appreciated.

Yours faithfully,

Complaints officer

1.1 I, _____, herewith certify that the notification of complaint
was hand delivered to _____ on the _____
RESPONDENT

APPLICANT SIGNATURE

3) Respondent Signature _____

ANNEXURE "A"

1. non-payment of: - b) Underpayment of:-
 Wage/salary for the period: _____ to _____ R _____
 Notice: Period:
() 1 x workday, () 1 x week, () 2 x weeks, () 1 x month. R _____
 Overtime, viz.: _____ R _____
 Leave/Pro Rata Leave for period: _____ to _____ R _____
 Sick Leave for the period: _____ to _____ R _____
 Work on Public Holidays, viz.: _____ R _____
 Work on Rest Day(s), viz.: _____ R _____
2. Unlawful/ illegal deduction(s), viz.: _____ R _____
3. Family Responsibility: _____ R _____
4. Non issue of payslips/ - envelopes: _____ R _____
5. Non compliance of hours of work, viz.: _____ R _____
6. Other, viz.: _____ R _____

ANNEXURE "B"

EMPLOYERS STATEMENT

The Secretary
Bargaining Council for the Restaurant,
Catering and Allied Trades
Johannesburg
Fax: (011) 832 1180/1/2/3/4

Case No.: C _____ / _____ / _____

My Reference: _____

For Attention: _____

Dear Sir,

EMPLOYER RESPONSE IN REGARD TO COMPLAINT

1) The Respondent wishes to respond that:

(Please use separate sheet of paper if the above is insufficient)

2) THE EMPLOYERS PARTICULAR(S) / DETAILS ARE AS FOLLOWS:

2.1 Name of Business: _____

2.2 Contact person : _____ Owner(s) Name: _____

2.3 Address: _____

2.4 Tel No.: _____ Fax No.: _____

Thus done and signed on _____ day of _____ 2011 at _____
Month Address

Respondent's Signature: _____