



MINISTRY OF LABOUR AND THE PUBLIC SERVICE
REPORT OF A TRADE DISPUTE
(PLEASE FILL OUT THE REPORT USING BLOCK CAPITAL LETTERS)

P.O. Box: _____

Address: _____

EMAIL ADDRESS: _____

Phone No: _____

(PLEASE LEAVE 2 (TWO) RELIABLE PHONE CONTACTS)

THE MINISTER OF LABOUR AND THE PUBLIC SERVICE
DEPARTMENT OF LABOUR
THE CITY CORPORATE CENTRE
NASSAU, BAHAMAS

PURSUANT TO THE PROVISIONS OF PARAGRAPH (A) (B) (C) AND (D) OF SUBSECTION (1) OF SECTION 68 AND SUBSECTION (3) OF SECTION 68 OF THE INDUSTRIAL RELATIONS ACT CHAPTER 321 OF THE STATUTE LAW OF THE BAHAMAS 2000, YOU ARE HEREBY NOTIFIED THAT A TRADE DISPUTE EXISTS BETWEEN THE PARTIES BELOW:

(1) Name and address of Company (including Phone No ;) _____
(Please give a brief description and/or the directions on the back of this form :)

(1a) Name and Position of Employer: _____

(2) Name of Employee or Trade Union: _____

(2a) Job Title of Employee: _____

(3) Name of Person (s) on behalf of whom the report is made: _____

(4) The Authority to act on behalf of the person desiring the dispute to be reported:

(4a) Address of Counsel/Representative: _____

(5) Issues relevant to the dispute: _____

(6) Action taken for dealing with dispute under existing agreement: _____

Date: _____ Signature: (s) _____

cc: _____

(FOR OFFICIAL USE ONLY)

Officer Assigned: _____ Conciliation Hearing Date & Time: _____

Director of Labour

Date:

Date: received by Conciliator:

Telephone: (242)502-2550 or 302-2562 Fax: (242)356-5585 or 325-8824