

FORM M4

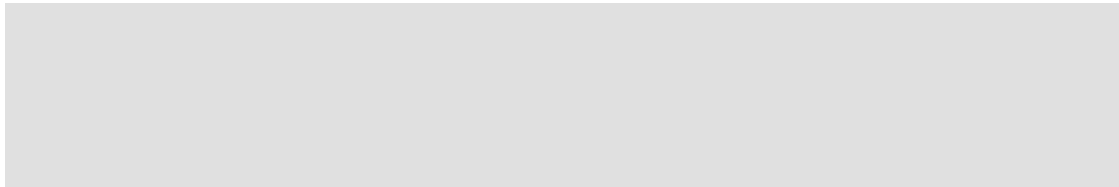
REFERRAL OF AN EMPLOYMENT DISPUTE TO THE COMMISSION

Employment Dispute Resolution Act 2008
In the Western Australian Industrial Relations Commission

Application No. _____ of 20__

1. The employer, employees, group of employers, group of employees, organisation of employees or organisation of employers identified below hereby refer the following employment dispute to the WA Industrial Relations Commission in accordance with a Referral Agreement.

Note: A copy of the Referral Agreement must accompany this form.




2. Is a particular Commission member nominated in the Referral Agreement?

Yes

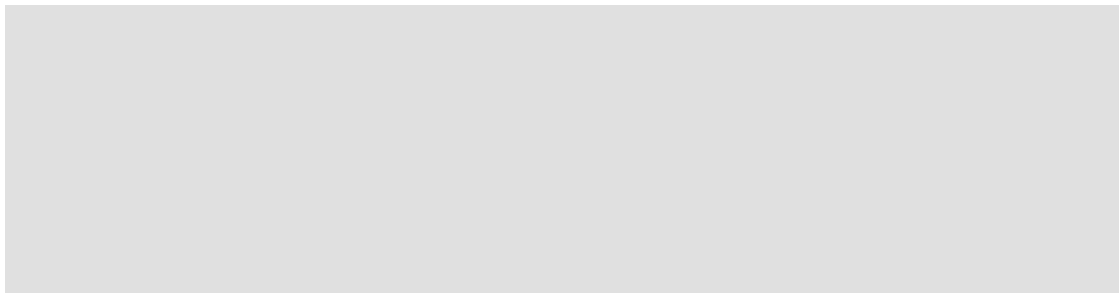
No

If yes, insert the name of the Commission member nominated



3. Description of employment dispute

Provide a brief description, attach schedule if necessary



4. Do you request the Commission to respond:

urgently?

within a week?

within 48 hours?

other, please specify?

5. Name and contact details of the persons in the employment dispute

Complete the following details for each employer, employee, group of employers, group of employees, organisation of employees and organisation of employers in the matter, dispute or question being referred to the Commission

1

Name:

Contact person:

Mailing address:

Telephone no.:

Fax no.:

Email address:

2

Name:

Contact person:

Mailing address:

Telephone no.:

Fax no.:

Email address:

3

Name:

Contact person:

Mailing address:

Telephone no.:

Fax no.:

Email address:

NB: If more than three persons are involved please attach a sheet identifying the relevant details in respect to each additional person.

Name and contact details of the person lodging this form:

(please include mailing address, telephone and fax numbers, email address)

Signature: _____

Date: _____