



**MINISTRY OF LABOUR  
REPORT OF A TRADE DISPUTE  
(PLEASE FILL OUT REPORT USING BLOCK CAPITAL LETTERS)**

P.O.BOX: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NO: \_\_\_\_\_  
*(PLEASE LEAVE A RELIABLE PHONE CONTACT)*

**THE MINISTER OF LABOUR  
DEPARTMENT OF LABOUR  
CITY CORP. BUSINESS CENTRE  
ROSETTA STREET  
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 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 \_\_\_\_\_

Director of Labour

Date

Date Received by Conciliator

Telephone (242) 302-2550

Fax: (242) 323-8824 or 356-5585

**(PLEASE SUBMIT A COPY OF THIS REPORT TO THE EMPLOYER)**