



## ALTERNATIVE DISPUTE RESOLUTION (ADR) REFERRAL FORM STRICTLY CONFIDENTIAL

Should you have any queries with regard to completing this form, please contact the ADR Manager, Busisiwe Mngoma on X3602 or 2810 or via e-mail to [mngomab@ukzn.ac.za](mailto:mngomab@ukzn.ac.za)

It is preferable if you completed this form, printed and then submitted.

### 1) DETAILS OF PARTY REFERRING THE DISPUTE:

<b>Name:</b>		
<b>Faculty/Division:</b>		
<b>Telephone:</b>	<b>Ext:</b>	<b>Cell:</b>
<b>E-Mail Address:</b>		
<b>Physical Address at UKZN:</b>		

### 2) DETAILS OF THE OTHER PARTY (PARTIES)

<b>Name:</b>		
<b>Faculty/Division:</b>		
<b>Telephone:</b>	<b>Ext:</b>	<b>Cell:</b>
<b>E-Mail Address:</b>		
<b>Physical Address at UKZN:</b>		

### NATURE OF DISPUTE:

(Provide sufficient details and attach any relevant documents)

**HAS SAME OR SIMILAR DISPUTE AROSE PREVIOUSLY  
YES/NO. IF YES PROVIDE DETAILS INCLUDING HOW IT WAS RESOLVED. (Furnish  
relevant documents)**

**DO YOU CONSENT TO ADR PROCESSES (IF THEY CAN BE APPLIED TO THIS DISPUTE)?  
YES/NO. IF NO PLEASE PROVIDE REASONS**

**WHAT OUTCOME ARE YOU SEEKING?**

**SIGNATURE OF PARTY REFERRING THE DISPUTE**

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**DATE**

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**Notes:**

1. Please initial all pages

ADR REFERRAL FORM

**FOR OFFICE USE ONLY :**

DATE FORM RECEIVED BY ADR UNIT	
ASSESSMENT ATTACHED (Y/N)	
DATE ASSESSMENT MADE BY ADR UNIT	
DATE REFERRED BACK TO ER UNIT (ADR NOT SUITABLE)	
IF APPLICABLE, MANNER IN WHICH THE OTHER PARTY WAS INFORMED OF THE ASSESSMENT	
IF APPLICABLE, DATE ON WHICH THE OTHER PARTY WAS INFORMED OF THE ASSESSMENT	
DO BOTH PARTIES CONSENT TO ADR? Y/N	
IF NO, DATE REFERRED BACK TO ER UNIT (EITHER PARTY DOES NOT CONSENT)	
IF YES, DATE(S) ON WHICH ADR PROCESS APPLIED	
NAME OF ADR CONSULTANT	
OUTCOME OF ADR PROCESS	
DATE OF NOTIFICATION OF OUTCOME TO ER UNIT	