

**PLEASE READ THIS FIRST**



**PURPOSE OF THIS FORM**

This form is used to issue a compliance order to an employer who has failed to comply with sections 16, 17, 19, 22, 24, 25 or 26 of the Employment Equity Act, 55 of 1998, as amended.

Failure to comply with this compliance order may result in the Director-General applying to the Labour Court, to make this compliance order an order of the Labour Court.

**WHO COMPLETES THIS FORM?**

A labour inspector fills this form.

**WHO RECEIVES THIS FORM?**

This form goes to the employer.

**PLEASE NOTE:**

The employer must display a copy of this order prominently at a place accessible to the affected employees at each workplace named in it in terms of Section 25(2)(b).

**DEPARTMENT OF LABOUR  
COMPLIANCE ORDER**

Ref/Case No: .....

**Employer Details**

Trade name.....

DTI registration name .....

PAYE/SARS No.....

EE Ref. No.....

Industry/Sector.....

Tel No.....

Fax No.....

Postal address.....

Physical address.....

Name & Surname of the CEO/Accounting Officer

.....

Email address.....

1. You are required to comply with the following provisions of the Act and its regulations. Failure to comply with this compliance order may result in the Director-General applying to the Labour Court, to make this compliance order an order of the Labour Court.

(Tick the applicable box(es) below)

- i. Consult with employees (section 16 read with section 17)
- ii. Conduct an analysis (section 19)
- iii. Publish the report (section 22)
- iv. Assign responsibility to one or more senior managers (section 24)
- v. Inform employees (section 25)

1. You are required to comply with this compliance order within.....days of receipt hereof.  
**The employer must display a copy of this order prominently at a place accessible to the affected employees at each workplace named in it in terms of Section 25(2)(b).**

OBTAINED ON .....Day of (Month).....Year .....

At (Place).....

SIGNED: EMPLOYER.....

SIGNED: LABOUR INSPECTOR / ON BEHALF OF EMPLOYER

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CONTACT DETAILS OF INSPECTOR: .....

PHYSICAL ADDRESS.....

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