



Claim to an Employment Tribunal

Please read the **guidance notes** and the notes on this page carefully **before** filling in this form.

By law, you **must** provide the information marked with * and, if it is relevant, the information marked with ● (see 'Information needed before a claim can be accepted').

You may find it helpful to take advice **before** filling in the form, particularly if your claim involves discrimination.

How to fill in this form

All claimants **must** fill in **sections 1, 2 and 3**. You then only need to fill in those sections of the form that apply to your case. For example:

For **unpaid wages**, fill in **sections 4 and 8**.

For **unfair dismissal**, fill in **sections 4 and 5**.

For **discrimination**, fill in **sections 4 and 6**.

For a **redundancy payment**, fill in **sections 4 and 7**.

For **unfair dismissal** and **discrimination**, fill in **sections 4, 5 and 6**.

For **unfair dismissal** and **unpaid wages**, fill in **sections 4, 5 and 8**.

Fill in **section 10** only if there is some information you wish to draw to the tribunal's attention and **section 11** only if you have appointed a representative to act on your behalf in dealing with your claim.

If this form sets out a claim by more than one claimant arising from the same set of facts, please give the names and addresses of additional claimants on a separate sheet or sheets of paper.

Please make sure that all the information you give is as accurate as possible.

Where there are tick boxes, please tick the one that applies.

Please write clearly in black ink using CAPITAL LETTERS.

If you fax the form, do not send a copy in the post.

This form is different in appearance to previously published forms as it has been designed to facilitate electronic scanning.

1 Your details

1.1 Title: Mr Mrs Miss Ms Other

1.2* First name (or names):

1.3* Surname or family name:

1.4 Date of birth (date/month/year): DD - MM - YY YY Are you: male? female?

1.5* Address: House no.

Street

+ Town/City

County

Postcode

You do not need to answer 1.6 and 1.7 if you have appointed a representative (see section 11).

1.6 Phone number (where we can contact you during normal working hours):

1.7 How would you prefer us to communicate with you? Post Fax E-mail

(Please tick only one box)

Fax number:

E-mail address:

2 Respondent's details

2.1* Give the name of your employer or the organisation or person you are complaining about (the respondent).

2.2* Address: House no.

Street

+ Town/City

County

Postcode

Phone number:

2.3 If you worked at an address different from the one you have given at 2.2, please give the full address.

Phone number:

2.4 ● If your complaint is against more than one respondent please give the names, addresses and postcodes of additional respondents.

3 Action before making a claim

3.1* Are you, or were you, an employee of the respondent? Yes No
If 'Yes', please now go straight to section 3.3.

3.2 Are you, or were you, a worker providing services to the respondent? Yes No
If 'Yes', please now go straight to section 4.
If 'No', please now go straight to section 6.

3.3● Is your claim, or part of it, about a dismissal by the respondent? Yes No
If 'No', please now go straight to section 3.5.

3.4● Is your claim about anything else, in addition to the dismissal? Yes No
If 'No', please now go straight to section 4.
If 'Yes', please answer questions 3.5 to 3.7 about the non-dismissal aspects of your claim.

3.5● Have you put your complaint in writing to the respondent?

Yes Please give the date you put it to them in writing. - -

No

If 'No', please now go straight to section 3.7.

3.6● Did you allow at least 28 days between the date you put your complaint to the respondent and the date you sent us this claim? Yes No
If 'Yes', please now go straight to section 4.

3.7● Please explain why you did not put your complaint in writing to the respondent or, if you did, why you did not allow at least 28 days before sending us your claim. (In most cases, it is a legal requirement to take these procedural steps. Your claim will not be accepted unless you give a valid reason why you did not have to meet the requirement in your case. If you are not sure, you may want to get legal advice.)

4 Employment details

4.1 Please give the following information if possible.

When did your employment start?

- -

When did or will it end?

- -

Is your employment continuing?

Yes No

4.2 Please say what job you do or did.

4.3 How many hours do or did you work each week?

hours each week

4.4 How much are or were you paid?

Pay before tax

£ each

Normal take-home pay (including overtime, commission, bonuses and so on)

£ each

4.5 If your employment has ended, did you work (or were you paid for) a period of notice?

Yes No

If 'Yes', how many weeks or months did you work or were you paid for?

weeks months

5 Unfair dismissal or constructive dismissal

Please fill in this section only if you believe you have been unfairly or constructively dismissed.

5.1 If you were dismissed by your employer, you should explain why you think your dismissal was unfair. If you resigned because of something your employer did or failed to do which made you feel you could no longer continue to work for them (constructive dismissal) you should explain what happened.

5 Unfair dismissal or constructive dismissal continued

5.1 continued

5.2 Were you in your employer's pension scheme? Yes No

5.3 If you received any other benefits from your employer, please give details.

5.4 Since leaving your employment have you got another job?
If 'No', please now go straight to section 5.7. Yes No

5.5 Please say when you started (or will start) work.

5.6 Please say how much you are now earning (or will earn). £ each

5.7 Please tick the box to say what you want if your case is successful:

- a To get your old job back and compensation (reinstatement)
- b To get another job with the same employer and compensation (re-engagement)
- c Compensation only

6 Discrimination

Please fill in this section only if you believe you have been discriminated against.

6.1 ● Please tick the box or boxes to indicate what discrimination (including victimisation) you are complaining about:

Sex (including equal pay)

Race

Disability

Religion or belief

Sexual orientation

6.2 ● Please describe the incidents which you believe amounted to discrimination, the dates of these incidents and the people involved.

7 Redundancy payments

Please fill in this section only if you believe you are owed a redundancy payment.

7.1 Please explain why you believe you are entitled to this payment and set out the steps you have taken to get it.

8 Other payments you are owed

Please fill in this section only if you believe you are owed other payments.

8.1 Please tick the box or boxes to indicate that money is owed to you for:

- unpaid wages?
- holiday pay?
- notice pay?
- other unpaid amounts?

8.2 How much are you claiming? £

Is this: before tax? after tax?

8.3 Please explain why you believe you are entitled to this payment. If you have specified an amount, please set out how you have worked this out.

9 Other complaints

Please fill in this section only if you believe you have a complaint that is not covered elsewhere.

9.1 ● Please explain what you are complaining about and why.
Please include any relevant dates.



10 Other information

- 10.1 Please do not send a covering letter with this form.
You should add any extra information you want us to know here.

11 Your representative

Please fill in this section only if you have appointed a representative. If you do fill this section in, we will in future only send correspondence to your representative and not to you.

11.1 Representative's name:		<input type="text"/>
11.2 Name of the representative's organisation:		<input type="text"/>
11.3 Address:	House no.	<input type="text"/>
	Street	<input type="text"/>
	Town/City	<input type="text"/>
	County	<input type="text"/>
	Postcode	<input type="text"/>
11.4 Phone number:		<input type="text"/>
11.5 Reference:		<input type="text"/>
11.6 How would you prefer us to communicate with them? (Please tick only one box)	Post <input type="checkbox"/>	Fax <input type="checkbox"/> E-mail <input type="checkbox"/>
Fax number:		<input type="text"/>
E-mail address:		<input type="text"/>

Please sign and date here

Signature: <input type="text"/>	Date: <input type="text"/>
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Data Protection Act 1998. We will send a copy of this form to the respondent(s) and Acas. We will put some of the information you give us on this form onto a computer. This helps us to monitor progress and produce statistics. Information provided on this form is passed to the Department of Trade and Industry to assist research into the use and effectiveness of Employment Tribunals.

Additional space for notes.

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