



Employment Tribunal - Claim Form

For Internal Use Only	
Case Number:	_____ / _____
Date Received:	_____ / _____ / _____

You must complete all fields marked with an *

1	Your details											
1.1	Title:	Mr.		Mrs.		Miss.		Ms.		Other		
1.2*	First name(s):											
1.3*	Surname:											
1.4	Date of birth (date/month/year):	_____ / _____ / _____										
1.5*	Address:										
	Please provide address for delivery of documents (if different to above):										
	Mobile phone number:											
1.7	Landline phone number:											
1.8	E-mail address:											
1.9	Do you prefer to be contacted by email?	Yes							No			

2	Representative details (if someone is representing you, please complete this section)										
2.1	Representative's name:										
2.2	Address:									
	Address for delivery of documents (if different to above):									
2.3	Mobile phone number:										
2.4	Landline phone number:										

2.5	Reference number (if any):				
2.6	E-mail address:				
2.7	Does your representative prefer to be contacted by email?	Yes		No	

3	Respondent's details (please provide details of the employer or organisation against whom this claim is made)				
3.1*	Respondent's name:				
3.2*	Address:			
3.3	Mobile phone number:				
3.4	Landline phone number:				
<i>If there are additional respondents to your claim, please set out their details below:</i>					
3.5	Additional respondent's name:				
	Address:			
	Mobile phone number:				
	Landline phone number:				
3.6	Additional respondent's name:				
	Address:			
	Mobile phone number:				
	Landline phone number:				
3.8	Multiple Cases				
	Is your claim one of a number of claims arising from the same or similar circumstances?	Yes		No	
		<i>(If your answer is "yes" please provide the names of other claimants)</i>			
3.9	Cases where the respondent was not your employer				
	If you were not employed but are making a claim for a reason connected to employment (e.g., relating to a job application) please state the type of claim you are making here.	<i>(You will get the chance to provide details later):</i>			

4	Employment details		
4.1	Are you still employed by the respondent?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.2	When did your employment start? (date/month/year):	_____ / _____ / _____	
4.3	When did your employment end? (date/month/year):	_____ / _____ / _____	
4.4	What job did/do you do for the respondent?		

5	Earnings and benefits		
5.1	Please state the number of normal basic hours you worked/work each week:	<i>For minimum wage complaints, please provide details of the number of hours actually worked during the time period covered by your claim.</i>	
5.2	How much were/are you paid?	Gross earnings (including overtime, bonuses and allowances, before tax, social insurance, etc.) £ _____ Net earnings (after tax, social insurance, etc.) £ _____	
5.3	Please indicate whether your earnings above are:	Monthly <input type="checkbox"/>	Weekly <input type="checkbox"/>
5.4	Did you work a notice period?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5.5	Were you in an employer's Pension Scheme?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

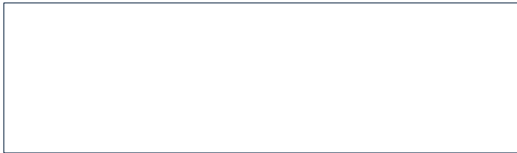
6	Type of claim		
6.1*	Please indicate the type of claim from the list:	Unfair dismissal (including constructive dismissal)	<input type="checkbox"/>
		Redundancy payment	<input type="checkbox"/>
		Arrears of pay	<input type="checkbox"/>
		Arrears of notice pay	<input type="checkbox"/>
		Arrears of holiday pay	<input type="checkbox"/>
		Other payments	<input type="checkbox"/>
		Other type of claim <i>Please provide details:</i>	
Please indicate whether you are including a claim for breach of your employment contract:		Yes <input type="checkbox"/>	No <input type="checkbox"/>

6.1* (Cont)	Please indicate whether you were discriminated against on any of the following grounds:	Age <input type="checkbox"/>	Gender Reassignment <input type="checkbox"/>
		Pregnancy or Maternity <input type="checkbox"/>	Sexual orientation <input type="checkbox"/>
		Religion or belief <input type="checkbox"/>	Race <input type="checkbox"/>
		Disability <input type="checkbox"/>	Marriage or Civil Partnership <input type="checkbox"/>
		Sex <input type="checkbox"/>	
6.2*	Please provide details of your claim (including dates of events):	<p><i>If there is not enough space to continue with the details of your claim, please continue on separate paper and attach the paper to this form. Please also indicate the number of pages attached:</i></p> <p><u> </u> Pages attached</p>	

6.3	If your employment with the respondent has ended, what has happened since?	
	Have you got another job?	
	Please indicate when you started (or will start) work:	_____ / _____ / _____
	Please state how much you earn (or will earn):	£ _____

7	What you want if your claim is successful?													
7.1	Please tick the relevant box(es) to say what you want if your claim is successful:	If claiming unfair dismissal: to get your old job back (reinstatement) and compensation* <input type="checkbox"/>												
		If claiming unfair dismissal: to get another job with the same employer (re-engagement) and compensation* <input type="checkbox"/>												
		Compensation * <input type="checkbox"/>												
		Apology <input type="checkbox"/>												
		Recommendation (If claiming discrimination) <input type="checkbox"/>												
		Any other remedy or relief – Please state in 7.2 below <input type="checkbox"/>												
		*If you are seeking financial compensation, please complete 7.3 below												
7.2	Other remedy or relief:													
7.3	Please state the financial compensation you are claiming and how you have calculated this amount. You will be able to revise this amount.													
7.4	Please indicate whether you are owed any of the following payments, and if so, please state how much in the boxes provided:	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">Redundancy Payment</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">Notice Pay</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Holiday Pay</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">Arrears of Pay</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Other Payments</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td></td> </tr> </table>	Redundancy Payment	<input type="checkbox"/>	Notice Pay	<input type="checkbox"/>	Holiday Pay	<input type="checkbox"/>	Arrears of Pay	<input type="checkbox"/>	Other Payments	<input type="checkbox"/>		
Redundancy Payment	<input type="checkbox"/>	Notice Pay	<input type="checkbox"/>											
Holiday Pay	<input type="checkbox"/>	Arrears of Pay	<input type="checkbox"/>											
Other Payments	<input type="checkbox"/>													

8	Delivery	
8.1	Please confirm how you are sending the form:	Post/direct delivery/by hand*: <input type="checkbox"/> Email: <input type="checkbox"/> <i>*Please remember to keep a copy of your claim form if you are sending the original by post, direct delivery or by hand.</i>

9	Confirmation	
9.1*	Please read the form and check you have entered all the relevant information.	Once you are satisfied that all the information is correct and truthful, please sign this box. 
9.2	Data Protection Act 2004	We will send a copy of this form to the respondent(s) and a mediator. We will put the information you give us on this form onto a computer. This helps us to monitor administrative efficiency and generate statistics. Information provided on this form is passed to the Ministry of Business and Employment to assist research into the use and effectiveness of employment tribunals.