



Employment Tribunal - Response form

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

You must complete all fields marked with an *

1	Claimant's name	
1.1	Please insert name of the person who has filed a claim form against you:	
2	Your details	
2.1*	Name of individual, company or organisation:	
2.2	Contact person:	
2.3*	Address:
	Address for delivery of documents (if different to above):
2.4	Mobile phone number:	
2.5	Landline phone number:	
2.6	E-mail address:	
2.7	Do you prefer to be contacted by email?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.8	How many people do you employ in Gibraltar?	

3	Representative details (if someone is representing you, please complete this section)	
3.1	Representative's name:	
3.2	Address:
	Address for delivery of documents (if different to above):
3.3	Mobile phone number:	
3.4	Landline phone number:	
3.5	Reference number (if any):	
3.6	E-mail address:	
3.7	Does your representative prefer to be contacted by email?	Yes <input type="checkbox"/> No <input type="checkbox"/>

4	Employment details	
4.1	Are the employment details given by the claimant in section 4 of the claim form correct?	Yes <input type="checkbox"/> No* <input type="checkbox"/> <i>*If your answer is no, please complete the remainder of this section 4.</i>
4.2	Is the claimant still employed by you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.3	When did the claimant's employment start? (date/month/year):	____ / ____ / ____
4.4	When did the claimant's employment end? (date/month/year):	____ / ____ / ____
4.5	What job did/does the claimant do for you?	

5	Earnings and benefits	
5.1	Are the earnings and benefits details given by the claimant in section 5 of the claim form correct?	Yes <input type="checkbox"/> No* <input type="checkbox"/> <i>*If your answer is no, please complete the remainder of this section 5.</i>

5.2	Please state the number of normal basic hours the claimant worked/works each week:	<i>For minimum wage complaints, please provide details of the number of hours actually worked during the time period covered by the claim.</i>	
5.3	How much was/is the claimant paid?	Gross earnings (including overtime, bonuses and allowances, before tax, social insurance, etc.)	£ _____
		Net earnings (after tax, social insurance, etc.)	£ _____
5.4	Please indicate whether the earnings above are:	Monthly <input type="checkbox"/>	or weekly <input type="checkbox"/>
5.5	Did the claimant work a notice period?		
5.6	Was the claimant in your employer's pension scheme?		

6	Response		
6.1*	Do you defend the claim:	Yes* <input type="checkbox"/>	No <input type="checkbox"/>
		<i>*If your answer is yes, please complete section 6.2 below.</i>	
6.2	Please set out the facts you will rely on to defend the claim:		
		<p><i>If there is not enough space to continue with the details of your response, 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>	

