



# Employment Tribunals Claim Form

Select the type of claim you wish to make:

Select the reason(s) for the claim:

 Unfair dismissal or constructive dismissal  
 Discrimination  
 Redundancy payments  
 Other payments you are owed  
 Other complaints

**Continue** →

## Need Help?

If you require any help completing your form or have a general question about the tribunals process please contact the Employment Tribunals Enquiry Line on **0845 795 9775 minicom 08457 573 722** between 9 am and 5 pm Monday to Friday, our lines are closed on Bank Holidays.

If you require technical support please click below to email us.

**We regret we cannot provide any legal advice.**

### Please Note:

**By law**, your claim must be submitted using an approved form supplied by the Employment Tribunals (We are unable to accept any attachments included or sent with the form) and 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')

### General Information:

Once you have completed your form you can submit it securely on-line to the ETS. On-line forms are processed faster than those sent by post.

# 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 - YYYY Are you: male?  female?

1.5\* Address: Number or Name  
Street  
+ Town/City  
County  
Postcode

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

1.7 How would you prefer us to communicate with you?  
(Please tick only one box)  
E-mail  Post  Fax

E-mail address:

Fax number:

# 2 Respondent's details

2.1\* Give the name of your employer or the organisation you are claiming against.

2.2\* Address: Number or Name  
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 and postcode.

Postcode

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.  
If your claim is about constructive dismissal, i.e. 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, tick the box here and the 'Yes' box in section 3.4.

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(s) in writing to the respondent?  
Yes  Please give the date you put it to them in writing. DD - MM - YYYY  
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 in writing 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?

DD-MM-YYYY

When did or will it end?

DD-MM-YYYY

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 £  ,  .  Hourly

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

Monthly

Yearly

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.



## 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

Age

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

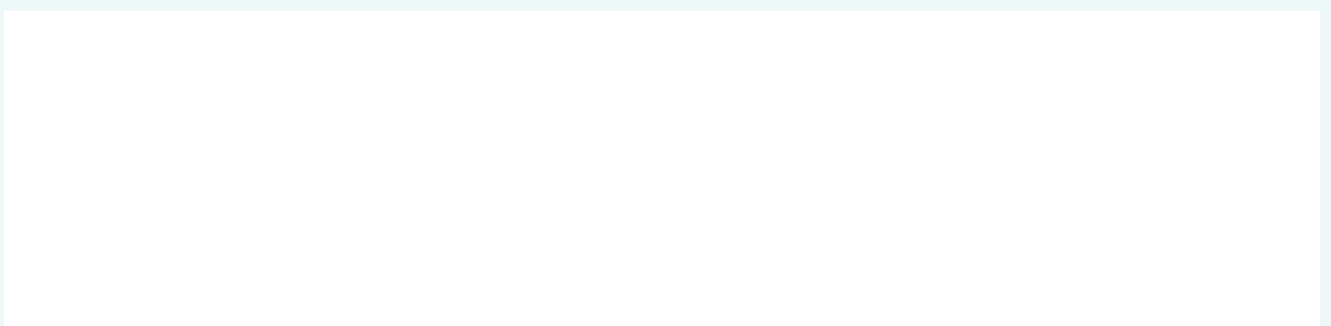
Please fill in this section only if you believe you have a complaint that is not covered elsewhere.

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.





Additional space for notes.

Additional space for notes.

Additional space for notes.

# Equal Opportunities Monitoring Form

You are not obliged to fill in this section but, if you do so, it will enable us to monitor our processes and ensure that we provide equality of opportunity to all. The information you give here will be treated in strict confidence and this page will not form part of your case. It will be used only for monitoring and research purposes without identifying you.

## 1. What is your country of birth?

- England       Wales  
 Scotland  
 Northern Ireland  
 Republic of Ireland  
 Elsewhere, *please write in the present name of the country*


## 2. What is your ethnic group?

Choose ONE section from A to E, then ✓ the appropriate box to indicate your cultural background.

### A White

- British       Irish  
 Any other White background  
*please write in*


### B Mixed

- White and Black Caribbean  
 White and Black African  
 White and Asian  
 Any other Mixed background  
*please write in*


### C Asian or Asian British

- Indian       Pakistani  
 Bangladeshi  
 Any other Asian background  
*please write in*


### D: Black or Black British

- Caribbean       African  
 Any other Black background  
*please write in*


### E Chinese or other ethnic group

- Chinese  
 Any other, *please write in*


## 3. What is your religion?

✓ box only

- None  
 Christian (including Church of England, Catholic, Protestant and all other Christian denominations)  
 Buddhist  
 Hindu  
 Jewish  
 Muslim  
 Sikh  
 Any other religion,  
*please write in*






## Employment Tribunals check list and cover sheet

You have completed stage one of your application and opted to print and post your form. We would like to remind you that applications submitted on-line are processed much faster than ones posted to us. If you wish to submit on-line please go back to the form and click the submit button, otherwise follow the Check list before you post the completed applications to the relevant office address.

A list of our office's contact details can be found at the hearing centre page of our website at - <http://www.employmenttribunals.gov.uk/> ; if you are still unsure about which office to contact please call our national enquiry line on 0845 7959775 (Mon - Fri, 9am-5pm) or Mincom 0845 757 3772; they can also provide general procedural information about the employment tribunals.

Please check the following:

- 1) Read your application to ensure the information entered is correct and truthful, and that you have not omitted any information, which you feel, may be relevant to your claim.
- 2) You must not attach a covering letter to your form. If you have any further relevant information please enter it in the 'Additional Information' space provided in the form.
- 3) The completed form should be returned to the relevant office address. If you are using a window envelope you may insert this page with your claim form. Please do not clip or staple this page to your claim form.
- 4) Keep a copy of your claim form.

Once your application has been received, you should receive confirmation from the office dealing with your claim within 5 working days. If you have not heard from them within five days, please contact that office directly.