Employment Tribunal

Claim form

Official Use Only			
Tribunal office			
Case number		Date received	

You must complete all questions marked with an '*'

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 ☐☐ / ☐☐ / ☐☐☐☐

1.5 Sex ☐ Male ☐ Female ☐ Prefer not to say

1.6* Address

Postcode

1.7 Phone number
Where we can contact you during the day

1.8 Mobile number (if different)

1.9 How would you prefer us to contact you?
(Please tick only one box) ☐ Email ☐ Post

1.10 Email address

1.11 Would you be able to take part in hearings by video and phone?

☐ Yes, I can take part in video hearings
☐ Yes, I can take part in phone hearings
☐ No, I cannot take part in either video or phone hearings.

Explain why you are unable to take part in video or phone hearings

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Preference for judge or panel

You can have your case heard by:

- A judge; or
- A judge with two non-legal members, known as a 'panel'.

Non-legal members are lay people appointed because of their particular experience in the workplace as either workers or managers. A panel will consist of a judge, a member with worker or union experience, and a member with management experience. Each has an equal say in the decision.

A judge will decide whether your case is heard by a judge or by a panel. When making this decision, the judge will consider whether the case involves the sort of legal or factual problem where the experience of the non-legal members may help the tribunal reach its decision.

Presidential Guidance explains the types of cases where this experience may help.

Practice Directions and Guidance for Employment Tribunals (England and Wales)
https://www.judiciary.uk/guidance-and-resources/employment-rules-and-legislation-practice-directions/

Directions and Guidance for Employment Tribunal (Scotland)
https://www.judiciary.uk/guidance-and-resources/directions-for-employment-tribunals-scotland/

You have an opportunity to say if you would like your case heard by a judge or a panel. The judge will then consider your preference.

If you express a preference, you will be asked to give reasons.

1.12 How do you prefer to have your case heard?

- ☐ I have no preference
- ☐ I prefer my case to be heard by a judge. Give your reasons in the box below.
- ☐ I prefer my case to be heard by a panel including non-legal members. Give your reasons in the box below.

2 **Respondent's details** (that is the employer, person or organisation against whom you are making a claim)

2.1* **Give the name of your employer or the person or organisation you are claiming against** (If you need to you can add more respondents at 2.5)

2.2* Address

Number or name

Street

Town/City

County

Postcode

Phone number

2.3 Do you have an Acas early conciliation certificate number? ☐ Yes ☐ No

Nearly everyone should have this number before they fill in a claim form. You can find it on your Acas certificate. For help and advice, call Acas on 0300 123 1100 or visit www.acas.org.uk

If Yes, please give the Acas early conciliation certificate number

If No, why don't you have this number?

- ☐ Another person I'm making the claim with has an Acas early conciliation certificate number
- ☐ Acas doesn't have the power to conciliate on some or all of my claim
- ☐ My employer has already been in touch with Acas
- ☐ My claim contains an application for interim relief (See guidance)

2.4 If you worked at a different address from the one you have given at 2.2 please give the full address

Address

Number or name

Street

Town/City

County

Postcode

Phone number

2.5 If there are other respondents please tick this box and put their names and addresses here. ☐
(If there is not enough room here for the names of all the additional respondents then you can add any others at Section 13.)

Respondent 2

Name

Address

Number or name

Street

Town/City

County

Postcode

Phone number

2.6 Do you have an Acas early conciliation certificate number? ☐ Yes ☐ No

Nearly everyone should have this number before they fill in a claim form. You can find it on your Acas certificate. For help and advice, call Acas on 0300 123 1100 or visit www.acas.org.uk

If Yes, please give the Acas early conciliation certificate number.

If No, why don't you have this number?

☐ Another person I'm making the claim with has an Acas early conciliation certificate number

☐ Acas doesn't have the power to conciliate on some or all of my claim

☐ My employer has already been in touch with Acas

☐ My claim contains an application for interim relief (See guidance)

Respondent 3

2.7 Name

Address

Number or name

Street

Town/City

County

Postcode

Phone number

2.8 Do you have an Acas early conciliation certificate number? ☐ Yes ☐ No

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If Yes, please give the Acas early conciliation certificate number

If No, why don't you have this number?

- ☐ Another person I'm making the claim with has an Acas early conciliation certificate number
- ☐ Acas doesn't have the power to conciliate on some or all of my claim
- ☐ My employer has already been in touch with Acas
- ☐ My claim contains an application for interim relief (See guidance)

3 Multiple cases

3.1 Are you aware that your claim is one of a number of claims against the same employer arising from the same, or similar, circumstances? ☐ Yes ☐ No

If Yes, and you know the names of any other claimants, add them here. This will allow us to link your claim to other related claims.

4 Cases where the respondent was not your employer

4.1 Did you work for the respondent you're making your claim against? ☐ Yes. Go to section 5 ☐ No. Go to section 8

5 Employment details

If you are or were employed please give the following information, if possible.

5.1 When did your employment start?

Is your employment continuing? ☐ Yes ☐ No

If your employment has ended, when did it end?

If your employment has not ended, are you in a period of notice and, if so, when will that end?

5.2 Please say what job you do or did.

6 Earnings and benefits

6.1 How many hours on average do, or did you work each week in the job this claim is about? hours each week

6.2 How much are, or were you paid?

Pay before tax £ ☐ Weekly ☐ Monthly

Normal take-home pay (Incl. overtime, commission, bonuses etc.) £ ☐ Weekly ☐ Monthly

6.3 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' notice did you work, or were you paid for? ☐ weeks ☐ months

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

6.5 If you received any other benefits, e.g. company car, medical insurance, etc, from your employer, please give details.

7 If your employment with the respondent has ended, what has happened since?

7.1 Have you got another job? ☐ Yes ☐ No

If No, please **go to section 8**

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

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

8 Type and details of claim

8.1* Please indicate the type of claim you are making by ticking one or more of the boxes below.

- ☐ I was unfairly dismissed (including constructive dismissal)
- ☐ I was discriminated against on the grounds of:
  - ☐ age
  - ☐ gender reassignment
  - ☐ pregnancy or maternity
  - ☐ sexual orientation
  - ☐ religion or belief
  - ☐ race
  - ☐ disability
  - ☐ marriage or civil partnership
  - ☐ sex (including equal pay)
- ☐ I am claiming a redundancy payment
- ☐ I am owed
  - ☐ notice pay
  - ☐ holiday pay
  - ☐ arrears of pay
  - ☐ other payments
- ☐ I am making another type of claim which the Employment Tribunal can deal with.
  (Please state the nature of the claim. Examples are provided in the Guidance.)

8.2* Please set out the background and details of your claim in the space below.

The details of your claim should include **the date(s) when the event(s) you are complaining about happened.** Please use the blank sheet at the end of the form if needed.

8.3* What is the date of the most recent event you are complaining about (for example, the date you were dismissed)?

9 What do you want if your claim is successful?

9.1 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 and compensation (reinstatement)
- ☐ If claiming unfair dismissal, to get another job with the same employer or associated employer and compensation (re-engagement)
- ☐ Compensation only
- ☐ If claiming discrimination, a recommendation (see Guidance).

9.2 What compensation or remedy are you seeking?

If you are claiming financial compensation please give as much detail as you can about how much you are claiming and how you have calculated this sum. (Please note any figure stated below will be viewed as helpful information but it will not restrict what you can claim and you will be permitted to revise the sum claimed later. See the Guidance for further information about how you can calculate compensation). If you are seeking any other remedy from the Tribunal which you have not already identified please also state this below.

10 Information to regulators in protected disclosure cases

10.1 If your claim consists of, or includes, a claim that you are making a protected disclosure under the Employment Rights Act 1996 (otherwise known as a 'whistleblowing' claim), please tick the box if you want a copy of this form, or information from it, to be forwarded on your behalf to a relevant regulator (known as a 'prescribed person' under the relevant legislation) by tribunal staff. (See Guidance). ☐

Name of relevant regulator

11 Your representative

If someone has agreed to represent you, please fill in the following. We will in future only contact your representative and not you.

11.1 Name of representative

11.2 Name of organisation

11.3 Address

Number or name

Street

Town/City

County

Postcode

11.4 **DX number** (If known)

11.5 Phone number

11.6 **Mobile number** (If different)

11.7 Their reference for correspondence

11.8 Email address

11.9 How would you prefer us to communicate with them? (Please tick only one box) ☐ Email ☐ Post ☐

12 Disability

12.1 Do you have a disability? ☐ Yes ☐ No

If Yes, it would help us if you could say what this disability is and tell us what assistance, if any, you will need as your claim progresses through the system, including for any hearings that may be held at tribunal premises.

13 Details of additional respondents

Section 2.4 allows you to list up to three respondents. If there are any more respondents please provide their details here

Respondent 4

Name

Address

Number or name

Street

Town/City

County

Postcode

Phone number

Do you have an Acas early conciliation certificate number? ☐ Yes ☐ No

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If Yes, please give the Acas early conciliation certificate number

If No, why don't you have this number?

- ☐ Another person I'm making the claim with has an Acas early conciliation certificate number
- ☐ Acas doesn't have the power to conciliate on some or all of my claim
- ☐ My employer has already been in touch with Acas
- ☐ My claim contains an application for interim relief (See guidance)

Respondent 5

Name

Address

Number or name

Street

Town/City

County

Postcode

Phone number

Do you have an Acas early conciliation certificate number? ☐ Yes ☐ No

Nearly everyone should have this number before they fill in a claim form. You can find it on your Acas certificate. For help and advice, call Acas on 0300 123 1100 or visit www.acas.org.uk

If Yes, please give the Acas early conciliation certificate number

If No, why don't you have this number?

- ☐ Another person I'm making the claim with has an Acas early conciliation certificate number
- ☐ Acas doesn't have the power to conciliate on some or all of my claim
- ☐ My employer has already been in touch with Acas
- ☐ My claim contains an application for interim relief (See guidance)

14 Final check

Please re-read the form and check you have entered all the relevant information.
Once you are satisfied, please tick this box. ☐

General Data Protection Regulations

The Ministry of Justice and HM Courts and Tribunals Service processes personal information about you in the context of tribunal proceedings.

For details of the standards we follow when processing your data, please visit the following address https://www.gov.uk/government/organisations/hm-courts-and-tribunals-service/about/personal-information-charter.

To receive a paper copy of this privacy notice, please call our Customer Contact Centre:

England and Wales: 0300 323 0196

Welsh speakers: 0300 303 5176

Scotland: 0300 790 6234

Please note: a copy of the claim form or response and other tribunal related correspondence may be copied to the other party and Acas for the purpose of tribunal proceedings or to reach settlement of the claim.

15 Additional information

Please use this space to provide any important additional information about your claim which you have not been able to include so far.
If you're part of a group claim. give the Acas early conciliation certificate numbers for other people in your group. If they don't have numbers, tell us why.

Employment Tribunals – Multiple Claim form

Please use this form if you wish to present two or more claims which arise from the same set of facts. Use additional sheets if necessary.

The following claimants are represented by

and the information required for all the additional claimants is the same as stated in the main claim of

Title ☐ Mr ☐ Mrs ☐ Miss ☐ Ms

First name (or names)

Surname or family name

Date of birth / /

Address

Number or name

Street

Town/City

County

Postcode

Title ☐ Mr ☐ Mrs ☐ Miss ☐ Ms

First name (or names)

Surname or family name

Date of birth / /

Address

Number or name

Street

Town/City

County

Postcode

Title ☐ Mr ☐ Mrs ☐ Miss ☐ Ms

First name (or names)

Surname or family name

Date of birth / /

Address

Number or name

Street

Town/City

County

Postcode

Title ☐ Mr ☐ Mrs ☐ Miss ☐ Ms

First name (or names)

Surname or family name

Date of birth / /

Address

Number or name

Street

Town/City

County

Postcode

Title ☐ Mr ☐ Mrs ☐ Miss ☐ Ms

First name (or names)

Surname or family name

Date of birth / /

Address

Number or name

Street

Town/City

County

Postcode

Title ☐ Mr ☐ Mrs ☐ Miss ☐ Ms

First name (or names)

Surname or family name

Date of birth / /

Address

Number or name

Street

Town/City

County

Postcode

HM Courts & Tribunals Service

Diversity Monitoring Questionnaire

It is important to us that everyone who has contact with HM Courts & Tribunals Service, receives equal treatment. We need to find out whether our policies are effective and to take steps to ensure the impact of future policies can be fully assessed to try to avoid any adverse impacts on any particular groups of people. That is why we are asking you to complete the following questionnaire, which will be used to provide us with the relevant statistical information. **Your answers will be treated in strict confidence.**

Thank you in advance for your co-operation.

Claim type

Please confirm the type of claim that you are bringing to the employment tribunal. This will help us in analysing the other information provided in this form.

(a) ☐ Unfair dismissal or constructive dismissal
(b) ☐ Discrimination
(c) ☐ Redundancy payment
(d) ☐ Other payments you are owed
(e) ☐ Other complaints

Sex

What is your sex?

(a) ☐ Female
(b) ☐ Male
(c) ☐ Prefer not to say

Age group

Which age group are you in?

(a) ☐ Under 25
(b) ☐ 25-34
(c) ☐ 35-44
(d) ☐ 45-54
(e) ☐ 55-64
(f) ☐ 65 and over
(g) ☐ Prefer not to say

Ethnicity

What is your ethnic group?

White

(a) ☐ English / Welsh / Scottish / Northern Irish / British
(b) ☐ Irish
(c) ☐ Gypsy or Irish Traveller
(d) ☐ Any other White background

Mixed / multiple ethnic groups

(e) ☐ White and Black Caribbean
(f) ☐ White and Black African
(g) ☐ White and Asian
(h) ☐ Any other Mixed / multiple ethnic background

Asian / Asian British

(i) ☐ Indian
(j) ☐ Pakistani
(k) ☐ Bangladeshi
(l) ☐ Chinese
(m) ☐ Any other Asian background

Black / African / Caribbean / Black British

(n) ☐ African
(o) ☐ Caribbean
(p) ☐ Any other Black / African / Caribbean background

Other ethnic group

(q) ☐ Arab
(r) ☐ Any other ethnic group

(s) ☐ Prefer not to say

Disability

The Equality Act 2010 defines a disabled person as 'Someone who has a physical or mental impairment and the impairment has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities'.

Conditions covered may include, for example, severe depression, dyslexia, epilepsy and arthritis.

Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?

(a) ☐ Yes

(b) ☐ No

(c) ☐ Prefer not to say

Marriage and Civil Partnership

Are you?

(a) ☐ Single, that is, never married and never registered in a same-sex civil partnership

(b) ☐ Married

(c) ☐ Separated, but still legally married

(d) ☐ Divorced

(e) ☐ Widowed

(f) ☐ In a registered same-sex civil partnership

(g) ☐ Separated, but still legally in a same-sex civil partnership

(h) ☐ Formerly in a same-sex civil partnership which is now legally dissolved

(I) ☐ Surviving partner from a same-sex civil partnership

(J) ☐ Prefer not to say

Religion and belief

What is your religion?

(a) ☐ No religion

(b) ☐ Christian (including Church of England, Catholic, Protestant and all other Christian denominations)

(c) ☐ Buddhist

(d) ☐ Hindu

(e) ☐ Jewish

(f) ☐ Muslim

(g) ☐ Sikh

(h) ☐ Any other religion (please describe)

(I) ☐ Prefer not to say

Caring responsibilites

Do you have any caring responsibilities, (for example; children, elderly relatives, partners etc.)?

(a) ☐ Yes

(b) ☐ No

(c) ☐ Prefer not to say

Sexual identity

Which of the options below best describes how you think of yourself?

(a) ☐ Heterosexual/Straight

(b) ☐ Gay /Lesbian

(c) ☐ Bisexual

(d) ☐ Other

(e) ☐ Prefer not to say

Gender identity

Please describe your gender identity?

(a) ☐ Male (including female-to-male trans men)

(b) ☐ Female (including male-to-female trans women)

(c) ☐ Prefer not to say

Is your gender identity different to the sex you were assumed to be at birth?

(f) ☐ Yes

(g) ☐ No

(h) ☐ Prefer not to say

Pregnancy and maternity

Were you pregnant when the issue you are making a claim about took place?

(a) ☐ Yes

(b) ☐ No

(c) ☐ Prefer not to say

Thank you for taking the time to complete this questionnaire.

Employment Tribunals check list

Please check the following:

1. Read the form to make sure the information given is correct and truthful, and that you have not left out any information which you feel may be relevant to you or your client.
2. Do 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. Send the completed form to the relevant office address.
4. Keep a copy of your form posted to us.

If your claim has been submitted on-line or posted you should receive confirmation of receipt from the office dealing with your claim within five working days. If you have not heard from them within five days, please contact that office directly. If the deadline for submitting the claim is closer than five days you should check that it has been received before the time limit expires.

You have opted to print and post your form. We would like to remind you that forms submitted on-line are processed much faster than ones posted to us. If you want to submit your claim online please go to www.gov.uk/employment-tribunals/make-a-claim.

A list of our office's contact details can be found at the hearing centre page of our website at – www.gov.uk/guidance/employment-tribunal-offices-and-venues; if you are still unsure about which office to contact please call our Employment Tribunal Customer Contact Centre (Mon – Fri, 9am – 5pm) they can also provide general procedural information about the Employment Tribunals.

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Scotland: 0300 790 6234