



Employment Tribunals Claim Form

This interactive form enables you to make a claim to an Employment Tribunal by completing and editing the form offline. You can save a part of fully completed form, email a saved form to another person to amend or for approval, and submit it securely online to the Employment Tribunals. Please make sure you have read the guidance notes on our website on how to make a claim before you fill in the form. We are unable to accept any attachments included or sent with this form.

Multiple Claims – If this claim is one of a number of claims arising out of the same or similar circumstances please fill in a claim form for the first claimant and then give the other claimants on the multiple form (maximum 28 claims). If more than 28 claims need to be submitted please create a multiple claims .csv file.

For guidelines please click here <http://www.employmenttribunals.gov.uk/multiple/index.htm>, enter the details in the correct column and attach the .csv file to this form below before submitting this claim form.

For Claimants in England and Wales - If someone is advising or representing you in relation to your claim, they must, unless they are a practising solicitor or barrister, be authorised to do so, wherever they are based (including Scotland, the Channel Islands and all of Europe). Trade Union officials, Citizens' Advice Bureau advisors or a personal friend helping you present your claim may be exempted from these requirements. However, to check your representatives status, and for more information, telephone 0845 450 6858 or go to www.claimsregulation.gov.uk

Select the type of claim you wish to make:

Attach the .csv file for more than 28 claims below:

Note: You must use the .csv template from our website, each claimants details must be in the correct column. Click here for more information.

Select the reason(s) for the claim:

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

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 **08457 959 775** or minicom **08457 573 722** between 9am and 5pm Monday to Friday (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 except for .csv file templates issued with multiple claims from our website), 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 TS. On-line forms are processed faster than those sent by post.



Start Claim →

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 including area code (where we can contact you in the day time):
Mobile number (if different):

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

E-mail address:
@

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 a different address from the one you have given at 2.2, please give the full address and postcode.

Postcode

Phone number:

If there are other respondents please complete **Section 11**.

3 Employment details

3.1 Please give the following information if possible.

When did your employment start?

- -

Is your employment continuing?

Yes No

If your employment has ceased, or you are in a period of notice, when did it, or will it, end?

- -

3.2 Please say what job you do or did.

4 Earnings and benefits

4.1 How many hours on average do, or did, you work each week? hours each week

4.2 How much are, or were, you paid?

Pay before tax

£ , .00

Hourly

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

£ , .00

Weekly

Monthly

Yearly

4.3 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

4.4 Were you in your employer's pension scheme?

Yes No

Please answer 4.5 to 4.9 if your claim, or part of it, is about unfair or constructive dismissal.

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

4.6 Since leaving your employment have you got another job?
If 'No', please now go straight to section 4.9.

Yes No

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

4.8 Please say how much you are now earning (or will earn). £ , .00 each

4.9 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

5 Your claim

5.1* Please tick one or more of the boxes below. In the space provided, describe the event, or series of events, that have caused you to make this claim:

- a I was unfairly dismissed (including constructive dismissal)
- b I was discriminated against on the grounds of
 - Sex (including equal pay)
 - Disability
 - Sexual orientation
 - Race
 - Religion or belief
 - Age
- c I am claiming a redundancy payment
- d I am owed
 - notice pay
 - holiday pay
 - arrears of pay
 - other payments
- e Other complaints

5.2* Please set out the background and details of your claim in the space below. The details of your claim should include **the date when the event(s) you are complaining about happened**; for example, if your claim relates to discrimination give the dates of all the incidents you are complaining about, or at least the date of the last incident. If your complaint is about payments you are owed please give the dates of the period covered. Please use the blank sheet at the end of the form if needed.

5.3 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 below if you wish 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 the Tribunals Service.

6 What compensation or remedy are you seeking?

6.1 Completion of this section is optional, but may help if you state what compensation or remedy you are seeking from your employer as a result of this complaint. If you specify an amount, please explain how you have calculated that figure.

7 Other information

7.1 Please do not send a covering letter with this form. You should add any extra information you want us to know here. Please use the blank sheet at the end of the form if needed.

8 Your representative

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

8.1	Representative's name:	<input type="text"/>
8.2	Name of the representative's organisation:	<input type="text"/>
8.3	Address:	<input type="text"/>
	Number or Name	<input type="text"/>
	Street	<input type="text"/>
	+ Town/City	<input type="text"/>
	County	<input type="text"/>
	Postcode	<input type="text"/>
8.4	Phone number (including area code):	<input type="text"/>
	Mobile number (if different):	<input type="text"/>
8.5	Reference:	<input type="text"/>
8.6	How would they prefer us to communicate with them? (Please tick only one box)	E-mail <input type="checkbox"/> Post <input type="checkbox"/>
	E-mail address:	<input type="text"/>
		@ <input type="text"/>

9 Disability

9.1 Please tick this box if you consider you have a disability Yes
Please 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 need to be held at Tribunal Service premises.

10 Multiple cases

10.1 To your knowledge, is your claim one of a number of claims against the same employer arising from the same, or similar, circumstances? Yes No

Additional information for sections 5.2 and 7.

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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

4. Sexual orientation

Which of these best describes you?
✓ box only

Heterosexual
 Gay or lesbian or homosexual
 Bisexual
 Other

5. Disability

Do you have any health problems or disabilities that you expect will last for more than a year?
✓ box only

Yes
 No

Title

First name (or names)

Surname or family name

Date of birth

Number or Name

Street

Town/City

County

Postcode

Title

First name (or names)

Surname or family name

Date of birth

Number or Name

Street

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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.