Employment and Discrimination Tribunal

Claim Form

Official Use only	
Case Number	
Date received	

Do not include any supporting documents with this claim form

YOU MUST COMPLETE ALL QUESTIONS MARKED WITH *

THERE ARE STRICT LIMITS FOR SUBMITTING CLAIMS. TAKE ADVICE IF YOU ARE UNSURE

1 Your details

1.1 Title ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Mx ☐ Dr ☐ Other *(Please State)*

*1.2 First name *(or names)*

*1.3 Surname or family name

*1.4 Address

Post code

*1.5 Daytime phone number

1.6 Mobile number *(if different)*

*1.7 Email address

2 Respondent's details (that is the employer, person or organisation against who 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 2.6)*

*2.2 Address

Post code

*2.3 Phone number

*2.4 Email address

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

2.6 If there are other respondents, please add their names and addresses here

Respondent 2

Name

Address

Phone number

Email address

Respondent 3

Name

Address

Phone number

Email address

3 Multiple cases

3.1 Is your claim one of a number of claims against the same Respondent/s 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 Type of Claim (please tick whichever boxes apply)

Discrimination Claims

I was discriminated against because of:

- ☐ Age
- ☐ Gender re-assignment
- ☐ Pregnancy
- ☐ Race
- ☐ Sex
- ☐ Sexual orientation
- ☐ Disability
- ☐ Potential occupier of property with children

Work-related Claims

My Claim is for:

- ☐ Unfair Dismissal **OR** ☐ Constructive Unfair Dismissal
- ☐ Redundancy
- ☐ Notice Pay
- ☐ Holiday Pay/Public Holidays
- ☐ Unpaid wages/deductions
- ☐ No payslips
- ☐ No terms of employment
- ☐ Maternity rights
- ☐ Flexible working
- ☐ Parental/adoption Leave
- ☐ Minimum wage
- ☐ Rest period
- ☐ Other, please give details below

Was this work-related discrimination?

☐ Yes ☐ No

Are all your claims filed in time?

☐ Yes ☐ No

If yes, move to Question 5

If no, please explain in the box below why it was not reasonably practicable for the claim(s) to be filed in time.

If your claim is (or includes) a discrimination claim, please complete this Section

5 Discrimination Details

5.1 When did the last act of discrimination occur?

5.2 Is the discrimination ongoing? ☐ Yes ☐ No

If your claim is (or includes) a work-related claim please complete Sections 6, 7 & 8
If your claim is not a work-related claim, please go to Section 9

6 Employment details

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

*6.1 Are you 'entitled' or 'licensed' to work? ☐ Yes ☐ No

*6.2 When did your employment start?

Is your employment continuing? ☐ Yes ☐ No

If your employment has ended, when did it end?

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

*6.4 Please say what job you do or did

7 Earnings and benefits

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

*7.2 How much are, or were, you paid?

State **weekly** pay before tax

Normal take-home pay
(including overtime, commission, bonuses etc)

7.3 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

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

8 If your employment with the Respondent has ended, what has happened since?

8.1 Have you got another job? ☐ Yes ☐ No
If no, please go to Section 9

8.2 Please say when you started (or will start) work

8.3 Please say how much you are now earning (or will earn) gross per week

*9 Details of Claim

Please set out the background and details of your claim in the space below.
The details of your claim should include **the dates(s) when the event(s) you are complaining about happened.**

DO NOT INCLUDE ANY SUPPORTING DOCUMENTS AT THIS STAGE

10 What do you want if your claim is successful?

*10.1 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)
- ☐ If claiming unfair dismissal, to get another job with the same Employer or associated employer (re-engagement)
- ☐ Compensation only
- ☐ If claiming discrimination, a recommendation (*see guidance*)

*10.2 What compensation are you seeking? Insert amounts for each claim. Insert zeros if not claiming a particular category.

Unfair dismissal/ Constructive Unfair dismissal		Minimum wage	
Redundancy		Maternity rights / Parental/Adoption Leave	
Notice Pay		No pay slips	
Holiday Pay / Public Holidays		No employment terms	
Unpaid wages / deductions		Rest periods	
Discrimination		Other	

*10.3 Please explain why you believe you are entitled to each payment. If you have specified an amount please set out how you have worked this out.

11 Your representative

If someone has agreed to represent you, please fill in the following.

11.1 Name of Representative

11.2 Name of Organisation

11.3 Address

11.4 Phone number

11.5 Email address

11.6 Their reference for correspondence

11.7 Does your Representative have Professional Indemnity Insurance? ☐ Yes ☐ No ☐ Don't know

11.8 Will your Representative benefit financially from these proceedings? ☐ Yes ☐ No

12 Translator

Do you require a translator? ☐ Yes ☐ No If yes, which language

13 Disability

Do you have a disability? ☐ Yes ☐ No

If yes, it would help us if you could advise us of 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.

14 Details of additional respondents

Section 2.6 allows you to list up to three respondents. If there are any more respondents please provide their details here.

Respondent 4

Name	
Address	
Phone number	
Email address	

Respondent 5

Name	
Address	
Phone number	
Email address	

15 Additional Information

You can provide additional information about your claim in this section.

Data Protection Law

As a 'controller' under the Data Protection (Jersey) Law 2018 we process and hold your information in order to provide public services and meet our statutory obligations. We may not be able to provide you with a service unless we have enough information or your permission to use that information. Below, we explain what we collect; how we will use your information; and what your rights are.

On this form we have collected your personal details and we do this in order to carry out the service you have requested; to monitor and improve our performance; to ensure that we meet our legal obligations; to prevent and detect crime; to process financial transactions including grants or payment of benefits; to allow the statistical analysis of data so we can plan the provision of services; and where necessary, for our law enforcement functions; or to protect individuals from harm or injury.

We will endeavour to keep your information accurate and up to date and not keep it for longer than is necessary. Please see our published retention schedules for more detail about how long we retain your information. We will not pass any personal data on to anyone outside of the States of Jersey, other than those who either process information on our behalf, or because of a legal requirement, including sending this Form to external organisations for the purposes of mediation and conciliation and we will only do so, where possible, after we have ensured that sufficient steps have been taken by the recipient to protect your personal data. We do not process your information overseas using web services that are hosted outside the European Economic Area. At no time will your information be passed to organisations for marketing or sales purposes or for any commercial use without your prior express consent.

You can ask us: to stop processing your information; to correct or amend your information; for a copy of the information we hold about you. You can also: request that the processing of your personal data is restricted; and withdraw your consent to the processing of your information.

You can complain to us about the way your information is being used by contacting us at dpu@gov.je alternatively you can complain to the Information Commissioner by emailing enquiries@jerseyoic.org

For our full Privacy Notice please go to our website: www.courts.je

Please sign and date here:

Signed: Date:

Employment and Discrimination Tribunal check list

Please check the following:

1. Read the form and 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. Do not attach any supporting documents to your form. Relevant documents will be requested at a later stage.

4. Keep a copy of your form for your own records.

5. Submit this form to: **The Registrar, Jersey Employment and Discrimination Tribunal, First Floor, International House, 41 The Parade, St Helier JE2 3QQ**

6. Digital submissions can be made to the Registrar – **the form must be signed** and all information is completed. Email address: RegistrarTribunalService@courts.je

Save Form **Print Form**