

Employment Tribunals Response Form

In order to proceed you must enter the o	case number and names of the parties printed on the form and letter we sent you.
Case number	
Names of parties v	
Tribunal office dealing with claim	

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 Service, 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.



	Case number:					
1	Claimant's name					
1.1	1 Claimant's name:					
2	Respondent's details					
2.1* Name of Individual, Company or Organisation						
	Contact name:					
2.2*	2* Address: Number or Name Street Town/City County Postcode					
2.3	Phone number including area code (where we can contact you in the day time): Mobile number (if different):					
2.4	4 How would you prefer us to E-mail Post communicate with you? (Please tick only one box)					
	E-mail address: @					
2.5						
2.6	.6 How many people does this organisation employ in Great Britain?					
2.7		No				
2.8 If 'Yes', how many people are employed at the place where the claimant worked?						
3	Employment details					
3.1						
3.2	2 If 'No', please give dates and say why you disagree with the dates given by the cl	aimant.				
	When their employment started					
	When their employment ended or will end					

ET3 v03 001

ET3 v03 001

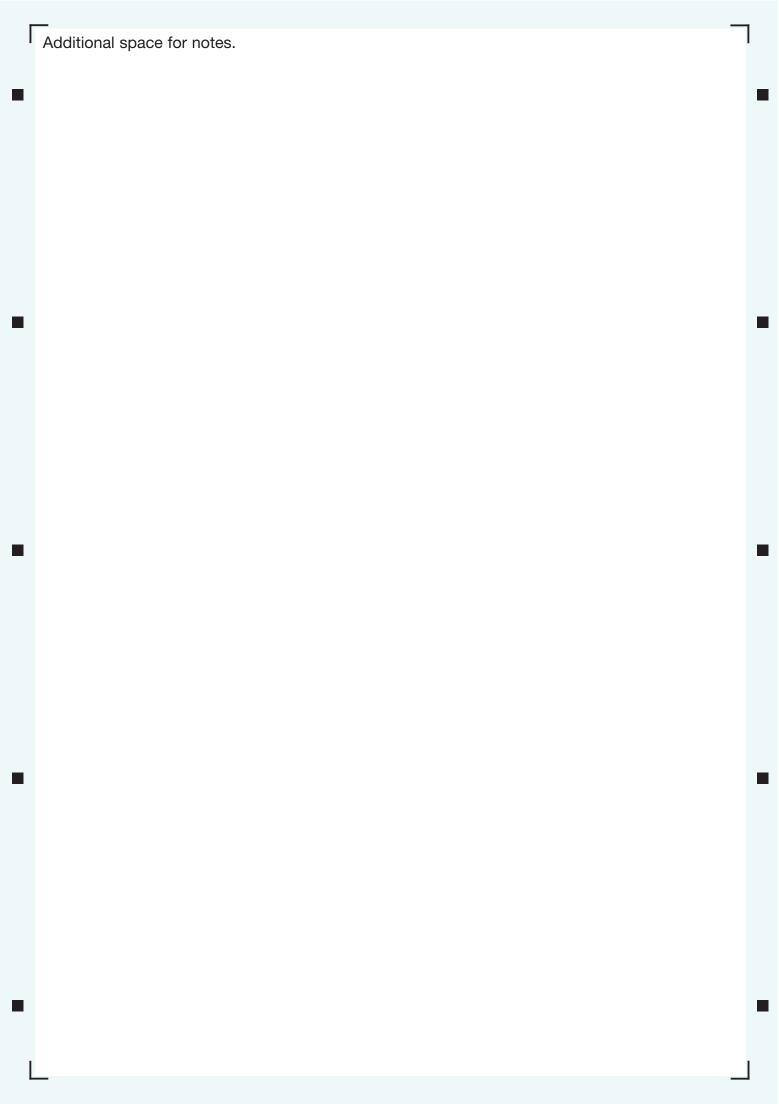
3	Employment details (continued)			
	Is their employment continuing? Yes No I disagree with the dates for the following reasons.			
3.3	Is the claimant's description of their job or job title correct? If 'Yes', please now go straight to section 4	Yes		No
3.4	If 'No', please give the details you believe to be correct below.			
_				
4	Earnings and benefits			
4.1	Are the claimant's hours of work correct?	Yes		No
	If 'No', please enter the details you believe to be correct.		houi	rs each week
4.2	Are the earnings details given by the claimant correct? If 'Yes', please now go straight to section 4.3	Yes		No
			Hourly	
	Pay before tax £ , .00			Weekly
	Normal take-home pay (including £ , .00 overtime, commission, bonuses and so on)			Monthly Yearly
4.3	Is the information given by the claimant correct about being paid for, or working, a period of notice? If 'Yes', please now go straight to section 4.4	Yes		No
	If 'No', please give the details you believe to be correct below. If you or didn't pay them instead of letting them work their notice, please and why.	_		
4.4	Are the details about pension and other benefits, e.g. company car, medical insurance, etc, given by the claimant corl f 'Yes', please now go straight to section 5.	Yes rect?		No
	If 'No', please give the details you believe to be correct below.			

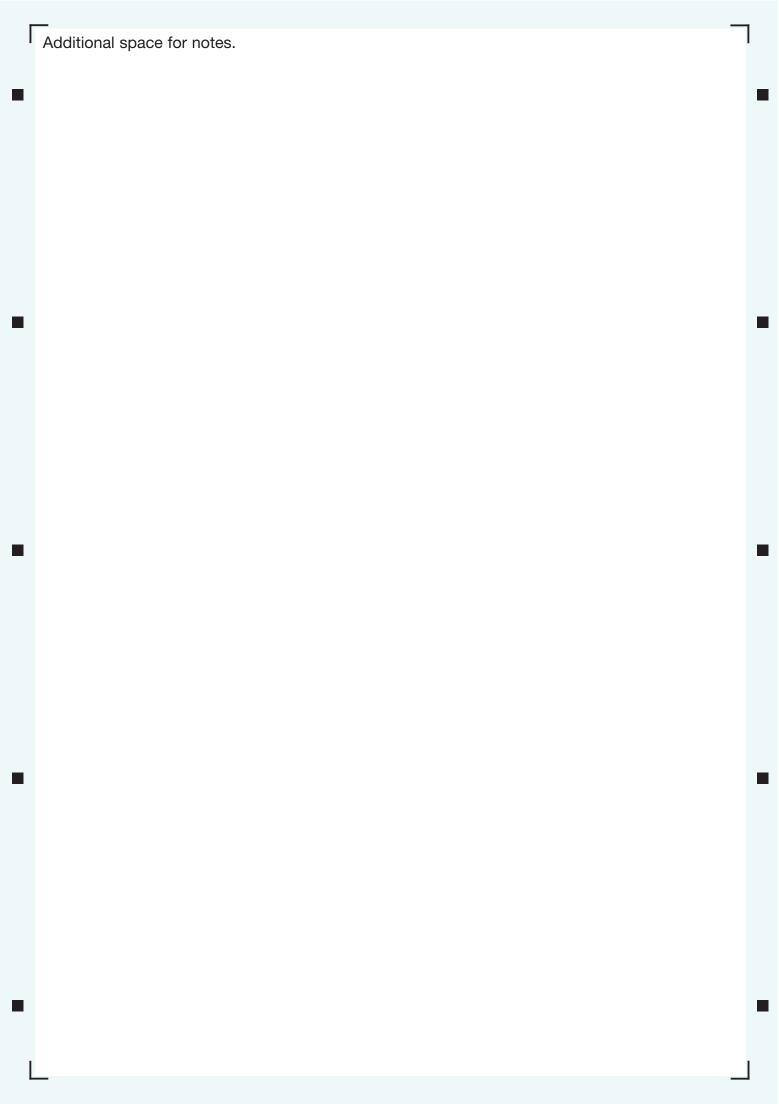
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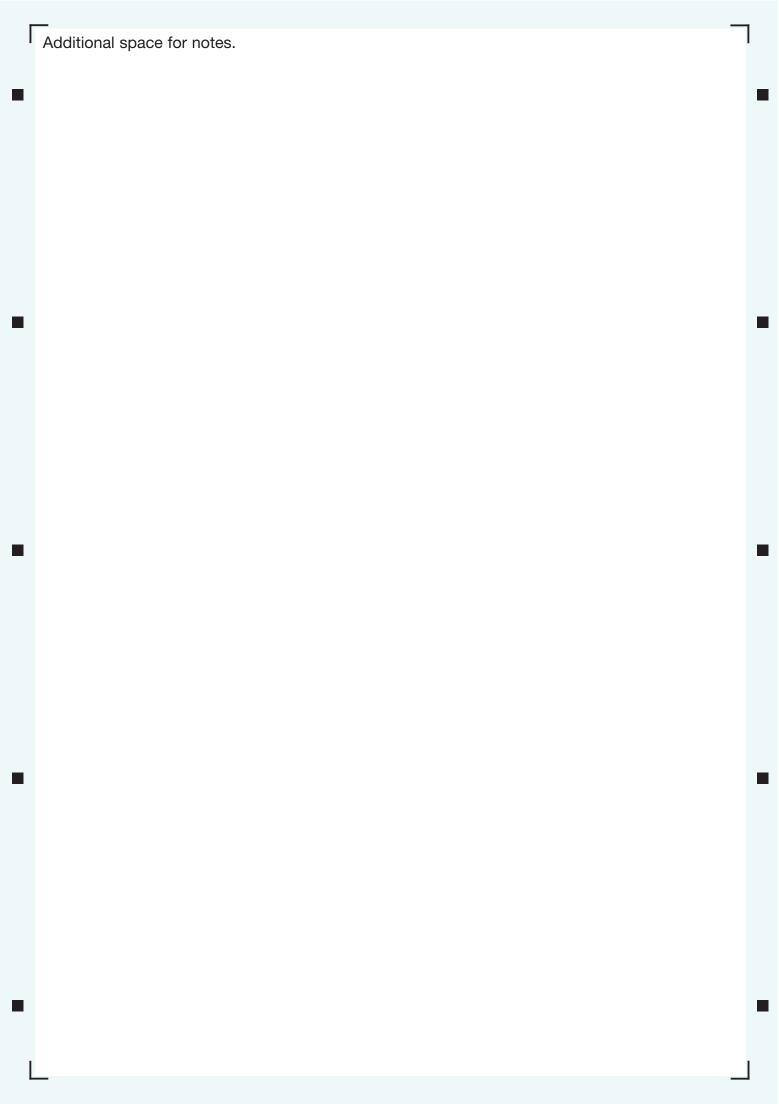
5	Response			
5.1*	Do you resist the claim? If 'No', please now go straight to section 6.	Yes	No	
5.2 [•]	If 'Yes', please set out in full the grounds on which you resist the clair	n.		
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6	Other information	attor with this farms	Vou should add any sytuming	formation
5.1	Please do not send a covering le you want us to know here.	etter with this form.	fou should add any extra in	iomation
7	Your representative	If you have a repre	sentative, please fill in the foll	owing.
7.1	Representative's name:			
7.2	Name of the representative's organisation:			
7.3	Address: Number or Name			
	Street + Town/City			
	County			
	Postcode			
7.4	Phone number:			
7.5	Reference:			
7.6	How would you prefer us to communicate with them? (Please tick only one box)	E-mail	Post	
	E-mail address:			
		@		
		antarad all the relava	nt information.	
	se read the form and check you have e you are satisfied, please tick this bo			

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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 form 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.