



For office use only

Date received

Case No

This form will be copied, please use black ink.

**EMPLOYMENT AND DISCRIMINATION TRIBUNAL
APPLICATION FORM**

1. _____

If you have more than one complaint, please list each one.
Please indicate the type of complaint you are making, for example 'Unfair Dismissal' or 'Failure to be paid the Minimum Wage'. A full list of the types of complaint that can be submitted to the Employment and Discrimination Tribunal can be found in the Tribunal Guide: "Making a Complaint to the Employment and Discrimination Tribunal".

2. Please give your details

Mr/Mrs/Miss/Ms/Other

Surname

First Names

Date of Birth

Address

Postcode

Email
Telephone

Please give an address to which documents should be sent if different from above.

Address

3. If a representative is acting for you, please give details.

Name

Status and/or Title

Address

Postcode

Email
Telephone

4. Please give the dates of your 'employment'

From			To		
DD	MM	Year	DD	MM	Year

5. Please give the name and address of the employer or organisation (Respondent) against whom this complaint is being made.

Name

Address

Postcode

Telephone

Please specify the place where you work(ed) if different from above.

Address

Postcode

Telephone

6. Please say what job you do / did for the Respondent.

7. Please give the number of normal basic hours that you work(ed) each week (excluding overtime, etc).

Hours per week

NB. For Minimum Wage complaints, please ensure that you provide full details of the number of hours you actually worked during the period of time which is covered by your complaint.

8. Please give details of your gross earnings (before deductions for Tax, Social Insurance Contributions, food, accommodation etc.) as follows:

Gross earnings (including overtime, shift pay, holiday pay, bonus/commission and any other cash benefits) **for the last 6 Months of your employment with the person mentioned in section 5 of this form (or for weekly paid staff, the last 26 weeks)**: Note: for Sex Discrimination complaints only give details of the last 3 months / 13 weeks' earnings.

For Minimum Wage complaints, please provide details of your gross pay (including the amount and the reason for any deduction from that gross pay) for the period of time which is covered by your complaint; where possible please provide copies of your payslips.

£

9. If your complaint is not about dismissal, please give the date(s) when the matter you are complaining about took place.

10. Please give details of your complaint.

If there is not enough space, please continue on a separate sheet and attach it to this form. No. of sheets attached:

11. Please sign and date this form in the space provided below.

Signed

Dated

The Committee *for* Employment and Social Security will process any personal data which you provide in accordance with the Data Protection (Bailiwick of Guernsey) Law, 2017. Further information about how your personal data is processed can be found at www.gov.gg/dp or alternatively you may call 01481 732500 and request a paper copy.

Please submit this form to:

The Secretary to the Tribunal, Edward T Wheadon House, The Truchot, St Peter Port, Guernsey, GY1 3WH.

(Telephone: 01481 717056)

Email: Employmentrelations@gov.gg