

For Office Use Only	
FORM ET2– Workplace Complaints Response	
ITC Number:	
Date Received:	
Case Number:	

Response to Formal Complaint to the Employment and Discrimination Tribunal - Workplace

Section 1 - Respondent's Details

Name of Respondent			
Address			
Parish		Postcode	
Email			
Telephone		Mobile Number	
Do you have separate representation for this case (e.g Advocates, Solicitors, HR consultants, etc)	Yes	No	If yes, go to Section 2
Contact Name of the person at your business who is handling this matter			
Job Title			

Section 2 – Representation

Name and title of Representative			
Organisation (if applicable)			
Relationship to you			
Address			
Parish		Postcode	
Email			
Telephone		Tick if yes	
Do you wish us to correspond directly with your representative?			

Section 3 - Applicant's Employment Details

Name of Applicant			
Was the above named Applicant dismissed from your employment?	Yes	No	
If Yes, please briefly state the reason for that dismissal below:			
In the event the complaint is about discrimination, please confirm whether they are still working for you:	Yes	No	
Are the dates of employment given by the Applicant in their ET1 correct?			If yes go to Section 4
If not, please provide the dates of employment for the Applicant below:			
Dates of Employment	Date Commenced	Date of Termination	
	D D / M M / Y Y Y Y	D D / M M / Y Y Y Y	

Section 4 – Rate of Pay

Yes

No

Are the details given by the Applicant about their gross earnings and/or other payments correct?

If yes go to Section 5

If no, or if no details were given, please provide full details of the Applicant's gross earnings (including overtime, shift pay, holiday pay, bonus/commission and other cash benefits) for the last 6 months of employment (or for weekly paid staff the last 26 weeks)*

£

*Gross earnings include all basic pay, overtime, shift pay, holiday pay, bonus/commission and other cash benefits. Gross earnings are all of the above BEFORE deductions of tax, social security contributions, food, accommodation etc.

Section 5 – Respondent's Position

Yes

No

Do you intend to resist the Applicant's claim(s)?

If no, go to Section 6

If yes, please complete the rest of this section.

Please outline the full details of the material facts upon which you intend to resist the claim(s) (known as Pleadings). This is your opportunity to make the full submissions upon which you will rely on at a Tribunal hearing.

If there is not enough space please continue on additional pages and attach to this form.

Number of pages attached

PLEASE NOTE: The full content of this form and any attachments will be shared with the Applicant and the Employment and Equal Opportunities Service (for the purposes of post complaint conciliation).

Section 6 - Declarations, Signature and Data Protection Information

I confirm that the information contained within this form and its attachments are accurate to the best of my knowledge. I understand that if there are any variances between any submissions made later in proceedings and those made on this form,the Respondent may be questioned at a Tribunal Hearing on the reasons for such differences.

I understand that this ET2 response and its attachments will be shared with the Applicant identified in Section 3 above and EEOS.

Signature:

Date:

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Print:

THE TRIBUNAL WILL BE HELD IN THE PUBLIC DOMAIN AND ANY DECISIONS MADE BY THE CHAIR WILL BE PUBLISHED ON THE STATES OF GUERNSEY WEBSITE

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 by following the link below or alternatively you may call 01481 222500 and request a paper copy.

Fair Processing Notice www.gov.gg/dp

Please submit this form (by no later than the date shown on the covering letter) to:

The Employment and Discrimination Service, Edward T Wheadon House, Le Truchot, St Peter Port, Guernsey, GY1 3WH

Telephone: 01481 220025

Email: eanddt@gov.gg