

# Response Form

Official Use only	
Case Number	
Date received	

**Do not include any supporting documents with this response form**

You must complete all questions marked with a \*

## 1 Claimant's name

1.1\* Claimant's name

## 2 Respondent's details

2.1\* Name of individual, company or organisation

2.2\* Name of contact

2.3\* Address




Post code

2.4\* Daytime phone number

2.5 Mobile number *(if different)*

2.6\* Email address

**If the claim is non-work related, please go to Section 5**

## 3 Employment details

3.1 Do you agree that the Claimant was 'entitled' or 'licensed' to work?  Yes  No

3.2 Are the dates of employment given by the claimant correct?  Yes  No

If Yes, please **go to question 3.3**

If No, please give the dates and say why you disagree with the dates given by the claimant.

When their employment started

When their employment ended or will end

I disagree with the dates for the following reasons

3.3 Is their employment continuing?  Yes  No

3.4 Is the claimant's description of their job or job title correct?  Yes  No

If Yes, please **go to section 4**

If No, please give the details you believe to be correct

#### 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.

hours each week

4.2 Are the earnings details given by the claimant correct?  Yes  No

If Yes, please **go to question 4.3**

If No, please give the details you believe to be correct below

Weekly pay before tax  
(incl. overtime, commission, bonuses  
*etc*)

£

Normal weekly take-home pay  
(incl. overtime, commission, bonuses  
*etc*)

£

4.3 Is the information given by the claimant correct about being paid for, or working a period of notice?  Yes  No

If Yes, please **go to question 4.4**

If No, please give the details you believe to be correct. If you gave them no notice or didn't pay them instead of letting them work their notice, please explain what happened and why

4.4 Are the details about other benefits eg company car, medical insurance, *etc* given by the claimant correct?  Yes  No

If No, please give the details you believe to be correct

**5 Response**

5.1\* Do you defend the claim?  Yes  No

If No, please **go to Section 6**.

If Yes, please set out the facts which you rely on to defend the claim.

**DO NOT INCLUDE ANY SUPPORTING DOCUMENTS AT THIS STAGE**

## 6 Employer's Counterclaim

6.1 Do you wish to make an employer's counterclaim in response to the claimant's claim?  Yes  No

If Yes, please **complete Section 6.2**

If No, please **go to Section 7**

6.2 Please set out the background and details of your Counterclaim below including your losses suffered and all important dates

**DO NOT INCLUDE ANY SUPPORTING DOCUMENTS AT THIS STAGE**

## 7 Your representative

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

Name of Representative

Name of Organisation

Address

Phone number

Email address

Their reference for correspondence

Does your Representative have professional indemnity insurance?

Yes  No  Don't know

## 8 Translator

Do you require a translator?

Yes

If Yes, which language

No

## 9 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.

## 10 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, 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 [dataprotection2018@gov.je](mailto:dataprotection2018@gov.je) alternatively you can complain to the Information Commissioner by emailing [enquiries@oicjersey.org](mailto:enquiries@oicjersey.org)

For our full Privacy Notice please go to our website: [www.tribunal.je](http://www.tribunal.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 – as long as there is a signature and all information is completed. Email address: [RegistrarTribunalService@gov.je](mailto:RegistrarTribunalService@gov.je)