

# 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 \***

## 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 tick this box and put 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 periods
- Protected award
  
- Other, please give details

Was this work-related discrimination?

Yes  No

**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, eg 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) 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

Unfair dismissal/ Constructive Unfair dismissal	£ <input type="text"/>	Minimum wage	£ <input type="text"/>
Redundancy	£ <input type="text"/>	Maternity rights	£ <input type="text"/>
Notice Pay	£ <input type="text"/>	No pay slips	£ <input type="text"/>
Holiday Pay/Public Holidays	£ <input type="text"/>	No employment terms	£ <input type="text"/>
Unpaid wages / deductions	£ <input type="text"/>	Rest periods	£ <input type="text"/>
Discrimination	£ <input type="text"/>	Parental/adoption leave	£ <input type="text"/>

\*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, 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 – **the form must be signed** and all information is completed. Email address: [RegistrarTribunalService@courts.je](mailto:RegistrarTribunalService@courts.je)