



For office use only.

Date received.....

Case No.....

Name of App.....

This form will be copied, please use black ink.

EMPLOYMENT AND DISCRIMINATION TRIBUNAL  
RESPONSE FORM

1. Name and address of Respondent (employer)

Postcode

Email

Telephone:

Company representative:

Mr/Mrs/Miss/Ms/Other

Position:

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

Name:

Status and/or Title

Address:

Postcode

Email

Telephone

NAME OF APPLICANT \_\_\_\_\_

3. Was the Applicant named in the covering letter dismissed?

Yes

☐

No

☐

If 'Yes', what was the reason?

3A. If the Applicant's complaint is not about dismissal / termination of 'employment', please confirm whether he/she is still working for you.

Yes

☐

No

☐

4. Do you intend to resist the application?

Yes

☐

No

☐

5. Are the dates of 'employment' given by the Applicant correct?

Yes

☐

No

☐

If 'No', please give the correct dates:

Date employment commenced:

Date Month Year

Date employment terminated:

Date Month Year

6. Are the wage details given by the Applicant about gross wages/salary or other payments, benefits or deductions correct?

Yes

☐

No

☐

If 'No', or if details were not given, please provide the correct details of the Applicant's gross earnings (including overtime, shift pay, holiday pay, bonus/commission and any other cash benefit).

A copy of the ET2 and submitted attachments will be shared with the Applicant and Advice & Conciliation.

NB. For Minimum Wage complaints, please provide details of the Applicant's gross pay (including the amount and the reason for any deduction from that gross pay) for the period of time which is covered by the complaint; where possible, please provide copies of payslips and any supporting documents – attach a separate sheet if required.

£

7. If you answered 'Yes' to question 4, please give below sufficient details to show the grounds on which you intend to resist the application:

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

- 8 Please sign and date this form in the space provided below:

Signed

Dated

On behalf of

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](http://www.gov.gg/dp) or alternatively you may call 01481 222500 and request a paper copy.

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

Please submit this form to:

The Secretary to the Tribunal, Edward T Wheadon House, The Truchot, St Peter Port, Guernsey, GY1 3WH.  
(Telephone: 01481 220025)

Email: [e&dt@gov.gg](mailto:e&dt@gov.gg)