

**For office use only**

Date received .....

Case No .....

**This form will be photocopied. Please use black ink and capital letters.**

**EMPLOYMENT AND DISCRIMINATION TRIBUNAL  
APPLICATION FORM**

1. 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 Commerce and Employment Advisory Booklet, "Making a Complaint to the Employment and Discrimination Tribunal".  
**If you have more than one complaint, please list each one.**

2. Please give your details

Mr/Mrs/Miss/Ms etc.

Surname

First Names

Date of Birth

Address

Email

Telephone

Postcode

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

Address

4. Please give the dates of your 'employment'

From

D M Year

To

D M Year

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

Name

Address

Telephone

Postcode

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

Address

Telephone

Postcode

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

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

Name

Status/Title

Address

Email

Telephone

Postcode

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.**

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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 information which you give on this form will be stored on a computer and is used to produce statistics. This information will be given to the **other party** in this case and to the **Conciliation Service**.

**You may submit this document by email in the first instance; however, original documents must be submitted in person or by post to:**

**The Secretary to the Tribunal, Raymond Falla House, PO Box 459, Longue Rue, St Martin's, Guernsey, GY1 6AF.**

**Telephone: 01481 234567 Email: [Employmentrelations@commerce.gov.gg](mailto:Employmentrelations@commerce.gov.gg)**