Complaint to Employment & Equality Tribunal

When completed, return this form to: Clerk to the Employment & Equality Tribunal, Courts of Justice, Deemster’s Walk, Bucks Road, Douglas, Isle of Man. IM1 3AR. Tel: +44(0)1624 685941 Email: tribunals@gov.im
Office opening hours are - 9:30am to 4:30pm Monday to Thursday (4:00pm Friday)

Pleased complete clearly in block capitals. Please see guidance notes for questions which must be completed & for complaints submitted ‘out of time’

1. Complainant’s Details

1.1 Title:  Mr  Mrs  Miss  Ms  Other (please specify)

1.2 Forename(s): (in full) (this question must be completed)

1.3 Surname: (this question must be completed)

1.4 Date of Birth:  DD MM YY YY

1.5 Address (inc. postcode): (this question must be completed)

1.6 Contact telephone numbers: Mobile: Home: Work:

1.7 Email address: NB. If completed all correspondence will be by e-mail

2. Please state the type of complaint(s) you wish the tribunal to consider: (this question must be completed)

For official use only:  Complaint No.: /
3. Please Provide a Brief Summary Of The Facts Giving Rise To Your Complaint(s):
(please continue on a separate sheet of paper if necessary)
(this question must be completed)
4. **If you have chosen to be represented by someone else, please give their details:**
   If you fill this section in we will only send correspondence to your representative in future, **not to you**

4.1 **Representative’s details:**

   Title: [ ] Mr  [ ] Mrs  [ ] Miss  [ ] Ms  [ ] Other (please specify)  

   Forename(s):  

   Surname:  

4.2 **Address (inc. postcode):**

   [ ]  

   [ ]  

   [ ]  

   [ ]  

   [ ]  

   Postcode:  

4.3 **Contact telephone numbers:**

   Mobile:  

   Home:  

   Work:  

4.4 **Email address:**

   If completed all correspondence will be by e-mail  

5. **Respondent’s Details**

5.1 **Give the correct name of your employer, the organisation or the individual(s) you are complaining against** (this question must be completed)

   If your complaint is against more than one respondent please give the names, addresses and postcodes of additional respondents on a separate sheet of paper

5.2 **Address (inc. postcode):**

   (this question must be completed)

   [ ]  

   [ ]  

   [ ]  

   [ ]  

   [ ]  

   Postcode:  

5.3 **Contact telephone numbers:**

   Mobile:  

   Home:  

   Work:  

5.4 **Email address:**
### Employment Details (If your complaint arises from your current or previous employment)

6.1 When did your employment start?  

| D | D | M | M | Y | Y | Y | Y |

If your employment has ceased or is due to cease please give the date.

| D | D | M | M | Y | Y | Y | Y |

6.2 Are you, or were you, an employee of the respondent?  
Yes [ ] No [ ]

6.3 Job Title:

6.4 How much are, or were, you paid?  

<table>
<thead>
<tr>
<th>£</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal take-home pay (inc. overtime, commission, bonuses etc.): * Please delete as appropriate</td>
<td>£</td>
</tr>
</tbody>
</table>

*HOURLY/WEEKLY/MONTHLY/YEARLY

Additional earnings or benefits:  
If necessary please continue on a separate sheet of paper

### Supporting Documentation

Please do not submit any supporting documentation or evidence with this form. If you plan to rely upon documentation or evidence later in the proceedings please provide a simple list of it below, e.g. contract of employment, pay slip etc. (Please continue on a separate sheet of paper if necessary)

1.  
2.  
3.  
4.  

### Additional Needs

Should you have any additional needs, e.g. any reduced mobility, or restriction in your vision or hearing, or English is not your first language, please let us know if we need to make any special arrangements for you when dealing with your case (e.g. if we need to arrange for a hearing loop, interpreter etc.)

### Please Sign, Date & Print Your Full Name

| Signature: | Date: |

Please print name:

### Data Protection

As a statutory requirement some of the information you give us on this form will be held electronically and on a Public Register/Website. We will also send a copy of this form to the respondent(s) and any third party relevant to your complaint, e.g. the Manx Industrial Relations Service or Office of Fair Trading. Except with your express permission we will not send any of your information to any other person whom we don't have an obligation in law to make aware of the complaint.

### Office Opening Hours & Time Limits

- The Tribunals Centralised Administration Office opening hours are 9:30am to 4:30pm Monday to Thursday (4:00pm on Friday) and any paperwork filed in accordance with Rule 46(7) of the Employment & Tribunal Equality Rules 2018 that is received after the office closes will be treated as having been delivered the next day that the office is open for business.
Guidance Notes: Completion of a Complaint to the Employment & Equality Tribunal

These guidance notes have been prepared to assist with the completion of a complaint to the Employment & Equality Tribunal (“the Tribunal”). They do not purport to be a complete or definitive statement of the law.

Further information about the Tribunal is available at the Website: https://www.courts.im/court-procedures/tribunals-service/tribunals

(i) Please read these notes carefully before completing your complaint to the Tribunal.

A complaint must be presented by completing the complaint form and must include certain information as required under the provisions of the Employment & Equality Tribunal Rules 2018 (“the Rules”). The complaint form indicates which questions are mandatory for you to answer.

(ii) You may wish to discuss the matter before making a Complaint.

In such circumstances you should contact:

(a) For work related issues the Manx Industrial Relations Service, who provide a free and impartial service, and are available to talk to individuals and employers with regard to matters such as employment rights and employment disputes. They can seek to resolve matters through conciliation either prior to a complaint being made to the Tribunal, or after a Complaint and Response have been submitted.

The Manx Industrial Relations Service can be contacted as follows:

Tel: +44 1624 672942
Email: iro@mirs.org.im
Website: www.mirs.org.im

(b) For education related issues the person appointed by the Department of Education, Sport and Culture to conciliate in proceedings.

The Department can be contacted as follows:

Tel: +44 1624 685820
Email: admin@doe.gov.im

(c) For any other issue arising under the provisions of the Equality Act 2017 the Office of Fair Trading.

The Office of Fair Trading provides a conciliation service and can be contacted as follows:

Tel: +44 1624 687540
Email: Equality.OFT@gov.im

Help may also be available from other sources or you may wish to seek legal advice.

(iii) It should be borne in mind that strict time limits apply with regard to bringing a complaint to the Tribunal. Details of the specific time limit applicable in respect of any particular complaint can be obtained by contacting the Manx Industrial Relations Service. Please note that discussions with the Manx Industrial Relations Service, or other sources, will not alter or extend the time limits.

Making a Complaint Outside a Relevant Time Limit

If you are making a complaint outside a relevant time limit imposed by law, a written application to the Tribunal to extend the time for bringing the complaint must be submitted with your complaint, including an explanation as to why you could not comply with the time limit. If no such application is made, the complaint will be returned and treated as if it had not been presented.
Filling in the Complaint Form

Please complete the form **clearly in ink.** In the event that there is insufficient space, please continue on a separate sheet(s) of A4 paper as necessary, marking each additional sheet at the top with the name of the Complainant and the name of the Respondent.

As indicated below by questions marked with an asterisk (*), certain **information must be provided in the complaint** otherwise the complaint will be returned and treated as if it had not been presented.

Please note that a **complaint form may only be used by one complainant** to present their complaint.

**Question 1 – Complainant’s Details**

1.1 Tick the relevant box/indicate to confirm your title.

1.2* Give your forename(s) in full.

1.3* Give your surname.

1.4 Give your date of birth in day/month/year format (for example 25/06/1970).

1.5* Give your full postal address including the postcode.

   This will be the address to which correspondence will be sent unless you have chosen to be represented by someone else and have provided their details (see question 4.). If you have chosen to be represented by someone else, correspondence will only be sent to that person.

   If you or your representative change address, or if you choose to be represented by someone else at a later date, you should immediately provide notice of such change to the Clerk and to the other party or parties and to the Manx Industrial Relations Service.

1.6 If you are happy to be contacted by telephone during normal working hours, please provide mobile, home and/or work telephone numbers as appropriate (including the full dialling code).

1.7 If you are happy to be contacted by email please provide your email address. If you provide an email address you should ensure that you check your emails every day as all correspondence will be by e-mail.

**Question 2* – Complaint(s) that you wish the Tribunal to Consider**

Please detail the nature of the complaint or complaints that you are asking the Tribunal to consider, for example Unfair Dismissal, Unlawful Deduction from Pay, Sex Discrimination etc. Remember that a complaint for Unlawful Deduction from Pay includes a complaint for non-payment of monies you believe you are owed.

**Question 3* – Brief Summary of Facts Giving Rise to Your Complaint**

Please use the space provided (and continue on a separate A4 sheet(s) as necessary) to explain briefly the facts giving rise to each of the complaints that you wish the Tribunal to consider as identified at question 2.

If you are complaining of an Unlawful Deduction from Pay, please explain why you believe you are entitled to this payment, how much you are claiming and how you have worked this out. If you are complaining of more than one type of payment please give the amounts claimed and how you worked out each amount.

**Question 4 – Details of Your Representative**

You only need to fill in this section if you have chosen to be represented by another person. Once the details of a representative have been provided all future correspondence will only be sent to that person, **not** to you.

You can choose to be represented by someone at any time and, if you choose to be represented at a later date you should immediately give notice of your representative to the Clerk and to the other party or parties and, where appropriate, to the Manx Industrial Relations Service.

4.1 Specify the title, forename(s) and surname of the person who is to represent you.

4.2 Give the full postal address, including the postcode, of your representative. This will be the address to which all
correspondence will be sent in future.

4.3 Please provide mobile, home and/or work telephone numbers as appropriate and indicate which your representative would prefer us to contact them on during normal working hours.

4.4 If your representative is happy to be contacted by email, give their email address. If an email address has been provided, your representative should ensure that they check their emails every day as all correspondence will be by e-mail.

**Question 5 – Details of Respondent(s)**

The Respondent is the employer, organisation or individual(s) against whom your complaint is made. In some cases there may be more than one Respondent to a complaint, in which case the details for any additional Respondent(s) should be provided on a separate sheet of paper.

5.1* Before completing this section it is important that you should carefully consider who it is that you are complaining against, and ensure, as far as you are able to that you accurately identify the details of the Respondent.

For example, even if a Complainant works in a business generally known as “Joe Soaps” the Respondent’s correct details may in fact be “Joe Soap Limited” or “Joe Soap & Fred Bloggs trading as Joe Soaps”. Your Job Offer, Terms & Conditions of Employment or Pay Statement may help in identifying the correct details of the Respondent.

5.2* Give the full postal address, and the postcode, for the Respondent. It is important that you accurately identify, as far as you are able, the address details of the Respondent.

5.3 Give telephone number(s) (including the full dialling code) where the Respondent can be contacted during normal working hours

**Question 6 – Employment Details**

If you are not, or were not, an employee, but are, or were, a worker providing services to the Respondent (examples of which might include an agency worker, a casual worker or a freelance worker), please answer this question as if “employment” referred to your working relationship with the Respondent. (Note if you are not, or were not, an employee your employment rights may be more limited than if you are, or were, an employee).

6.1 If your complaint is against your employer or ex-employer, please give the date when your employment started in day/month/year format (for example 25/10/1990) and, if applicable, the date when it ended or is due to end.

6.2* Please indicate if you are, or were, an employee of the Respondent by ticking the appropriate box.

6.3 Indicate your job title.

6.4 Please provide details of how much you are or were paid by the Respondent, firstly in terms of your pay (gross) before deductions for Income Tax and National Insurance Contributions, and then your normal take-home (nett) pay (in other words including overtime, commissions and bonuses but after deductions for Income Tax and National Insurance Contributions).

Please also provide details of any additional earnings or benefits, not already included in your gross or nett pay figures (continuing on a separate sheet of paper as necessary).

Please indicate whether your pay is for an hour, a week, a month or a year.

**Question 7 – Supporting Documentation**

Please **do not** submit any supporting documentation or evidence with this form. If you plan to rely upon documentation or evidence later in the proceedings please provide a simple list of it, e.g. contract of employment, pay slip etc. (Please continue on a separate sheet of paper if necessary)

**Question 8 – Additional Needs**

Should you have any additional needs, e.g. any reduced mobility, or restriction in your vision or hearing, or English is not your first language, please let us know if we need to make any special arrangements for you when dealing with your case (e.g. if we need to arrange for a hearing loop, interpreter etc.). If you are unsure, please feel free to contact the Clerk
and discuss the matter as appropriate.

**Sign, Date and Print Your Full Name**

This part should be completed by you, or your representative, if you wish.

**What Next?**

Please check that you have answered all of the questions to the best of your ability, paying particular attention to the questions that are marked with an asterisk to indicate that it is mandatory for you to provide the information, and then forward your complaint to:

<table>
<thead>
<tr>
<th>Clerk to the Employment &amp; Equality Tribunal</th>
<th>Contact details:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Murray House</td>
<td>Tel: +44 (0)1624 685941</td>
</tr>
<tr>
<td>Mount Havelock</td>
<td>Email: <a href="mailto:tribunals@gov.im">tribunals@gov.im</a></td>
</tr>
<tr>
<td>Douglas</td>
<td>Office opening hours</td>
</tr>
<tr>
<td>Isle of Man</td>
<td>9:30am to 4:30pm Monday to Thursday (4:00pm Friday)</td>
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<tr>
<td>IM1 2SF.</td>
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**Note**: For guidance on completing this form, see the relevant form attached to this questionnaire.