

Complaint to Employment & Equality Tribunal

1. Complainant's details:

1.1 Title(s):

(this question must be completed)

1.2 Forename(s):

(this question must be completed)

1.3 Surname:

(this question must be completed)

1.4 Date of Birth:

1.5 Address (inc. postcode):

(this question must be completed)

1.6 Primary Telephone Numbers:

Type:	Contact Number
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Other Contact Telephone Numbers:

Work	Mobile	Home
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1.7 Email Address:

(NB. If completed all correspondence will be by email)

1.8 Video Hearing Availability:

Would you be able to take part in a hearing by audio/visual solution?

[] Yes (requires internet access) [] No

2. Please State The Type of Complaint(s) You Wish The Tribunal To Consider:

(this question must be completed)

My complaint relates to*

☐ Work

☐ Education

☐ Goods/Services/Other

Type and details of Complaint

Please indicate the type of complaint you are making by ticking one or more of the boxes below:

- ☐ Unfair Dismissal/Unfair Redundancy (Including constructive dismissal)
- ☐ Unfair Dismissal involving a Protected Disclosure (whistleblowing)
- ☐ Detriment Short of Dismissal
- ☐ Unlawful Deduction from Pay/Holiday Pay/Notice Pay
- ☐ Failure to Provide Itemised Pay Statements
- ☐ Failure to Provide Written Statement of Terms and Conditions of Employment
- ☐ Redundancy Pay
- ☐ Flexible Working

I was discriminated against on the grounds of:

- ☐ Age
 - ☐ Disability
 - ☐ Gender Reassignment
 - ☐ Marriage and Civil Partnership
 - ☐ Pregnancy and Maternity
 - ☐ Race
 - ☐ Religion or Belief
 - ☐ Sex
 - ☐ Sexual Orientation
- ☐ I am making another type of complaint which the Employment and Equality Tribunal can deal with:

☐ If your complaint alleges that you have made a protected disclosure (otherwise known as whistleblowing) as defined under the provisions of Section 49 of the Employment Act 2006, please tick the if you would wish for the Chairperson or Tribunal to consider sending a copy of your complaint to the relevant regulator.

3. Please Provide a Brief Summary of Facts Giving Rise to your Complaint(s):

(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 Title(s):

(this question must be completed)

Forename(s):

(this question must be completed)

Surname:

(this question must be completed)

4.2 Capacity of Representative

☐ **Isle Of Man Advocate**

☐ **Union**

☐ **Family/Friend**

☐ **HR Provider**

☐ **Other**

☐ **Please specify**

4.3 Address (inc. postcode):

4.4 Contact Telephone number:

Mobile:

Home:

Work:

4.5 Email Address:

(NB. If completed all correspondence will be by email)

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 provide the names, contact numbers, addresses and postcodes of additional respondents on a separate page, at the end of this form.

5.2 Address (inc. postcode):

(this question must be completed)

5.3 Contact telephone number:

Mobile

Home

Work

5.4 Email Address:

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 Are you, or were you, an employee of the respondent?

☐ Yes

☐ No

6.2 If not an Employee, what is your working relationship?

☐ Applicants for work

☐ Other workers contracted to employer

☐ NHS Primary Care workers

☐ Trainees and work experience

☐ Self employed

☐ Partners

☐ Other

If other please specify your working relationship «WorkRelOtherDetail»

6.3 When did your employment start?

/ /

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

/ /

6.4 Job Title

6.5 How much are, or were, you paid?

Pay Before deductions £

Normal take-home pay £

(inc. overtime, commission, bonuses etc.)

Employee Pay Frequency –

☐ Hourly

☐ Weekly

☐ Monthly

☐ Annually

Additional earnings or benefits:

If necessary please continue on a separate sheet of paper.

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 below, e.g. contract of employment, pay slip etc.
(Please continue on a separate sheet of paper if necessary)

8. Extension of Time Application

If you are not responding to the complaint within 28 days of the date on which you were sent a copy of the complaint, a written application to the Tribunal to extend the time for responding to the complaint must be submitted with your response, including an explanation as to why you could not comply with the time limit. If no such application is made, the response will be returned and treated as if it had not been presented. Please use the box below to give your explanation.

9. 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.

Declaration

[] I declare that the information I have supplied in this form is correct and true to the best of my knowledge.

Date:

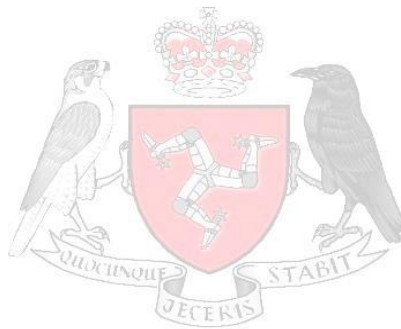
Full Name:

(this must be the Complainant or the Complainant's Representative)

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 conciliator service provider relevant to your complaint.

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.



5. Additional 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)

5.2 Address (inc. postcode):

(this question must be completed)

5.3 Contact telephone number:

5.4 Email Address:

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