

Response form

Case number	{ FORMTEXT }
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You must complete all questions marked with an ‘*’

1

Claimant’s name

1.1	Claimant’s name	{ FORMTEXT }
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2

Respondent’s details

2.1*	Name of individual, company or organisation	{ FORMTEXT }
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2.2	Name of contact	{ FORMTEXT }
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2.3*	Address																																																																
	Number or name	{ FORMTEXT }																																																															
	Street	{ FORMTEXT }																																																															
	Town/City	{ FORMTEXT }																																																															
	County	{ FORMTEXT }																																																															
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}	}	}	}	}	}	}																																																											
	DX number (If known)	{ FORMTEXT }																																																															

2.4	Phone number Where we can contact you during the day	{ FORMTEXT }
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	Mobile number (If different)	{ FORMTEXT }
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2.5	How would you prefer us to contact you? (Please tick only one box)	<table><tr><td>{ FORMCHECKBOX }</td><td>Email</td></tr><tr><td>{ FORMCHECKBOX }</td><td>Post</td></tr><tr><td>{ FORMCHECKBOX }</td><td>Fax</td></tr></table>	{ FORMCHECKBOX }	Email	{ FORMCHECKBOX }	Post	{ FORMCHECKBOX }	Fax	Whatever your preference please note that some documents cannot be sent electronically
{ FORMCHECKBOX }	Email								
{ FORMCHECKBOX }	Post								
{ FORMCHECKBOX }	Fax								

2.6	Email address	{ FORMTEXT }
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	Fax number	{ FORMTEXT }
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2.7	How many people does this organisation employ in Great Britain?	{ FORMTEXT }
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2.8	Does this organisation have more than	{ FORMCHECKBOX } Yes { FORMCHECKBOX } No
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one site in Great Britain?

2.9 If Yes, how many people are employed at the place where the claimant worked?

{ FORMTEXT }

3 Acas Early Conciliation details

- 3.1 Do you agree with the details given by the claimant about early conciliation with Acas? { FORMCHECKBOX } Yes { FORMCHECKBOX } No

If No, please explain why, for example, has the claimant given the correct Acas early conciliation certificate number or do you disagree that the claimant is exempt from early conciliation, if so why?

{ FORMTEXT }

4 Employment details

- 4.1 Are the dates of employment given by the claimant correct? { FORMCHECKBOX } Yes { FORMCHECKBOX } No

If Yes, please go to question 4.2

If No, please give the dates and say why you disagree with the dates given by the claimant

When their employment started

{ FORMTEXT }

When their employment ended or will end

{ FORMTEXT }

I disagree with the dates for the following reasons

{ FORMTEXT }

- 4.2 Is their employment continuing? { FORMCHECKBOX } Yes { FORMCHECKBOX } No

- 4.3 Is the claimant's description of their job or job title correct? { FORMCHECKBOX } Yes { FORMCHECKBOX } No

If Yes, please go to Section 5

If No, please give the details you believe to be correct

{ FORMTEXT }

5 Earnings and benefits

5.1 Are the claimant's hours of work correct? { FORMCHECKBOX } Yes { FORMCHECKBOX } No

If No, please enter the details you believe to be correct.

{ FORMTEXT }

hours each week

5.2 Are the earnings details given by the claimant correct? { FORMCHECKBOX } Yes { FORMCHECKBOX } No

If Yes, please go to question 5.3

If No, please give the details you believe to be correct below

Pay before tax
(Incl. overtime, commission, bonuses etc.)

£{ FORMTEXT }

{ FORMCHECKBOX }

Weekly { FORMCHECKBOX }

Monthly

Normal take-home pay
(Incl. overtime, commission, bonuses etc.)

£{ FORMTEXT }

{ FORMCHECKBOX }

Weekly { FORMCHECKBOX }

Monthly

5.3 Is the information given by the claimant correct about being paid for, or working a period of notice? { FORMCHECKBOX } Yes { FORMCHECKBOX } No

If Yes, please go to question 5.4

If No, please give the details you believe to be correct below. If you gave them no notice or didn't pay them instead of letting them work their notice, please explain what happened and why.

{ FORMTEXT }

5.4 Are the details about pension and other benefits e.g. company car, medical insurance, etc. given by the claimant correct? { FORMCHECKBOX } Yes { FORMCHECKBOX } No

If Yes, please go to Section 6

If No, please give the details you believe to be correct.

{ FORMTEXT }

6 Response

6.1* Do you defend the claim? { FORMCHECKBOX } Yes { FORMCHECKBOX } No

If No, please go to Section 6

If Yes, please set out the facts which you rely on to defend the claim.

(See Guidance - If needed, please use the blank sheet at the end of this form.)

{ FORMTEXT }

7 Employer's Contract Claim

- 7.1 Only available in limited circumstances where the claimant has made a contract claim. (See Guidance)
- 7.2 If you wish to make an Employer's Contract Claim in response to the claimant's claim, please tick this box and complete question 7.3 { FORMCHECKBOX }
- 7.3 Please set out the background and details of your claim below, which should include all important dates (see [Guidance](#) for more information on what details should be included)

{ FORMTEXT }

8 Your representative

If someone has agreed to represent you, please fill in the following. We will in future only contact your representative and not you.

8.1	Name of representative	<input type="text" value="{ FORMTEXT }"/>																																																															
8.2	Name of organisation	<input type="text" value="{ FORMTEXT }"/>																																																															
8.3	Address																																																																
	Number or name	<input type="text" value="{ FORMTEXT }"/>																																																															
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8.4	DX number (If known)	<input type="text" value="{ FORMTEXT }"/>																																																															
8.5	Phone number	<input type="text" value="{ FORMTEXT }"/>																																																															
8.6	Mobile phone	<input type="text" value="{ FORMTEXT }"/>																																																															
8.7	Their reference for correspondence	<input type="text" value="{ FORMTEXT }"/>																																																															
8.8	How would you prefer us to communicate with them? (Please tick only one box)	<input type="checkbox"/> Email <input type="checkbox"/> Post <input type="checkbox"/> Fax																																																															
8.9	Email address	<input type="text" value="{ FORMTEXT }"/>																																																															
8.10	Fax number	<input type="text" value="{ FORMTEXT }"/>																																																															

9 Disability

9.1	Do you have a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, it would help us if you could say what this disability is and tell us what assistance, if any, you will need as your claim progresses through the system, including for any hearings that maybe held at tribunal premises.	<input type="text" value="{ FORMTEXT }"/>

Please re-read the form and check you have entered all the relevant information.
Once you are satisfied, please tick this box. ☐

Employment Tribunals check list and cover sheet

Please check the following:

1. Read the form to 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. Send the completed form to the relevant office address.
4. Keep a copy of your form posted to us.

Once your response has been received, you should receive confirmation from the office dealing with your claim within five working days. If you have not heard from them within five days, please contact that office directly. If the deadline for submitting the response is closer than five days you should check that it has been received before the time limit expires.

You have opted to print and post your form. We would like to remind you that forms submitted on-line are processed much faster than ones posted to us. If you want to submit on-line please go back to the form and click the submit button, otherwise follow the check list before you post the completed form to the relevant office address.

A list of our office's contact details can be found at the hearing centre page of our website at – www.gov.uk/guidance/employment-tribunal-offices-and-venues; if you are still unsure about which office to contact please call our Customer Contact Centre - see details below

General Data Protection Regulations

The Ministry of Justice and HM Courts and Tribunals Service processes personal information about you in the context of tribunal proceedings.

For details of the standards we follow when processing your data, please visit the following address <https://www.gov.uk/government/organisations/hm-courts-and-tribunals-service/about/personal-information-charter>.

To receive a paper copy of this privacy notice, please call our Customer Contact Centre - see details below

Please note: a copy of the claim form or response and other tribunal related correspondence may be copied to the other party and Acas for the purpose of tribunal proceedings or to reach settlement of the claim.

Customer Contact Centre

England and Wales: 0300 123 1024

Welsh speakers only: 0300 303 5176

Scotland: 0300 790 6234

Textphone: 18001 0300 123 1024 (England and Wales)

Textphone: 18001 0300 790 6234 (Scotland)

(Mon - Fri, 9am -5pm), they can also provide general procedural information about the Employment Tribunals.

Continuation Sheet

{ FORMTEXT }