

Industrial Tribunals and  
The Fair Employment Tribunal  
Northern Ireland

**Making a claim to an  
Industrial Tribunal  
and/or  
The Fair Employment Tribunal  
in Northern Ireland**

This form is intended for use by claimants who wish to make a claim to the Industrial Tribunals and/or Fair Employment Tribunal in Northern Ireland.

**Claimants wishing to make a claim in England, Wales or Scotland should apply to the Employment Tribunal Service using the form which they provide.** Further details can be found at [www.gov.uk/courts-tribunals/employment-tribunal](http://www.gov.uk/courts-tribunals/employment-tribunal).

Please note that from **27th January 2020**, anyone wishing to submit a claim to the Industrial Tribunals and Fair Employment Tribunal **must**, with a limited number of exemptions, contact the Labour Relation Agency (LRA) before making their claim. The LRA will offer the claimant and respondent(s) the opportunity of attempting to resolve the dispute without the need to formally engage in the tribunal process. This is known as “Early Conciliation”. Should Early Conciliation not resolve your claim and you wish to move to the tribunal process, you must have an Early Conciliation Certificate number from the LRA. Failure to provide this certificate number, or the reason for the exemption, will mean that we cannot process your claim and your form will be returned to you.

Before you fill in this form, make sure that you:

- (i) have contacted the LRA about Early Conciliation and have an early conciliation certificate number;
- (ii) have read the notes that accompany this form on how to fill it in. Pay particular attention to time limits as we may not be able to accept your claim if it is not received within the time limit;
- (iii) consider whether or not you need to take advice, particularly if your claim involves discrimination.

To make your claim on-line visit our website at [www.employmenttribunalsni.co.uk](http://www.employmenttribunalsni.co.uk). When you make your claim on-line, receipt will be acknowledged electronically and there is no need to send a copy by post.

How to fill in this claim form:

By law, you must provide the information marked with \*. If you do not provide this information your claim will not be accepted.

Please make sure that all the information you provide is as accurate as possible.

Please use black ink as we have to photocopy your form.

Please write clearly and use CAPITAL letters for names and addresses.

Where there are tick boxes, please select the one that applies.

You are not required to send a copy of this form in the post.

If you have a representative acting for you, most correspondence will be sent to him/her only.

If your complaint includes a claim for unlawful discrimination on the grounds of religious belief/political opinion, your claim will be treated as a claim to the Fair Employment Tribunal which deals with unlawful discrimination on these grounds.

Two or more claimants may present their claims using the same form only if their claims are the same and arise out of the same set of facts.

If you are bringing a levy appeal, an appeal against health and safety or non-discrimination notice, or an appeal against the Gangmasters Licensing Regulations you should complete section 1 and, where appropriate section 3, providing the grounds for your appeal in section 9.

## General Data Protection Regulations

The Office of the Industrial Tribunals and Fair Employment Tribunal processes personal information about you in the context of tribunal proceedings. A copy of your claim form will be sent to the respondent(s), the Labour Relations Agency and the Equality Commission for Northern Ireland, where appropriate. Some of the information you provide us will be held on a computer system which allows us to monitor the progress of your case, produce statistics and enable research. We are required by law, except in certain circumstances, to publish information on tribunal decisions in the public register.

Please confirm that you have read and understood the information about Early Conciliation

Date Received

Initials

IT CRN

FET CRN

# Claim Form – ET1

Please ensure that you complete all questions marked with \*

## 1 Your details

1.1 Title  Mr  Mrs  Miss  Ms  Other

1.2\* First name (or names)

1.3\* Surname or Family name

1.4 Date of Birth  /  /

1.5 Gender  Male  Female

1.6\* Address

Number or name

Street

Town/City

County

Post code

1.7 Phone number   
*Where we can contact you during the day*

1.8 Mobile number (if different)

1.9 How would you prefer us to contact you?  Post  Email *Please note that some documents cannot be sent electronically*  
*Please tick one box only*

1.10 Email address

## 2 Your representative

*If someone has agreed to represent you, please fill in the following. All correspondence, with the exception of any notice of hearings and the final decision, will be sent to your representative only. Please ensure you keep in contact with your representative. Please do not provide the name of a person or an organisation who has provided you with advice only.*

2.1 Name of representative

2.2 Name of organisation

2.3 Address

Number or name

Street

Town/City

County

Post code

2.4 Phone number

2.5 Mobile number (if known)

2.6 If you are the representative, how would you prefer us to contact you?  Post  Email *Please note that some documents cannot be sent electronically*  
*Please tick one box only*

2.7 Email address

### 3 Respondent's Details *(the name of the employer, person or organisation against whom you are making a claim)*

We can only process your claim if you provide accurate information about the employer, organisation or person you are complaining about. It is important that you provide us with the correct name of the respondent to avoid any delay in processing your claim. You should be able to identify this by looking at the letter offering you employment or your wage slip. Please remember to include "Ltd" or "PLC" if appropriate.

3.1\* Please give the full name of the employer, person or organisation you are claiming against (if necessary, you can add further respondents at 3.7)

3.2\* Address

Number or name

Street

Town/City

County

Post code

3.3 Phone number

3.4\* Do you have an LRA Early Conciliation Certificate Number?  Yes  No

If Yes, please enter the certificate number accurately

If No, please advise why you do not have the number

Another person I am making the claim with has an LRA Early Conciliation Number	<input type="checkbox"/>
LRA does not have the power to conciliate some or all of my claim	<input type="checkbox"/>
My employer has already been in contact with LRA	<input type="checkbox"/>
My claim is for unfair dismissal which contains an application for interim relief	<input type="checkbox"/>
My claim starts proceedings against the Security Service, the Secret Intelligence Service or the Government Communications Headquarters	<input type="checkbox"/>

3.5 If you worked at a different address from the one you gave at 3.2, please provide the full address

Number or name

Street

Town/City

County

Post code

3.6 Phone Number

### 3 Respondent's Details – continued

3.7 Are there any further respondents?  Yes  No  
*If No, please go to Section 4*

**Respondent 2  
Name\***

**Address\***

Number or name

Street

Town/City

County

Post code

**Phone number**

**Do you have an LRA Early Conciliation Certificate Number?\***  Yes  No

*If Yes, please enter the certificate number accurately\**

*If No, please advise why you do not have the number\**

Another person I am making the claim with has an LRA Early Conciliation Number	<input type="checkbox"/>
LRA does not have the power to conciliate some or all of my claim	<input type="checkbox"/>
My employer has already been in contact with LRA	<input type="checkbox"/>
My claim is for unfair dismissal which contains an application for interim relief	<input type="checkbox"/>
My claim starts proceedings against the Security Service, the Secret Intelligence Service or the Government Communications Headquarters	<input type="checkbox"/>

**Respondent 3  
Name\***

**Address\***

Number or name

Street

Town/City

County

Post code

**Phone number**

**Do you have an LRA Early Conciliation Certificate Number?\***  Yes  No

*If Yes, please enter the certificate number accurately\**

*If No, please advise why you do not have the number\**

Another person I am making the claim with has an LRA Early Conciliation Number	<input type="checkbox"/>
LRA does not have the power to conciliate some or all of my claim	<input type="checkbox"/>
My employer has already been in contact with LRA	<input type="checkbox"/>
My claim is for unfair dismissal which contains an application for interim relief	<input type="checkbox"/>
My claim starts proceedings against the Security Service, the Secret Intelligence Service or the Government Communications Headquarters	<input type="checkbox"/>

*If there are any further respondents, please go to Section 13*

## 4 Multiple cases

- 4.1 If your claim is one of a number of claims against the same employer arising from the same, or similar, circumstances please provide the names of any other claimants that you are aware of so that the claims may be linked.

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## 5 Employment Details

If your complaint is about discrimination in recruitment and/or you were not employed by the respondent please go to section 7.

If you are, or were, an employee of the respondent or a worker providing a service to the respondent, please complete this section as far as is possible.

- 5.1\* What is/was your relationship with the respondent?

Employee under contract	<input type="checkbox"/>
Worker providing services	<input type="checkbox"/>
Other	<input type="checkbox"/>

If you selected "Other", please provide details of your relationship.

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- 5.2 Date employment started

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Is your employment continuing

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If **No**, when did it end?

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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If your employment has not ended, are you in a period of notice?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If you have entered **Yes**, when will that end?

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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- 5.3 Please state what job you do/did

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## 6 Trade Union Membership

A tribunal is usually composed of an Employment Judge and 2 lay members, one of whom has an employer background and the other an employee/trade union background. To avoid any conflict of interest, it is helpful to know who your Trade Union is when setting up a panel. This information will not be used in any other way.

- 6.1 Are you a member of a Trade Union?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If **Yes**, please provide the name of the Union

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## 7 Earnings and Benefits

If you are/were not an employee but are/were a worker providing services to the respondent(s), please complete the following section as if "employment" referred to your working relationship with the respondent(s).

7.1 How many hours do/did you work each week?

 hrs

7.2 How much are/were you paid?

Before tax	£	Hourly <input type="checkbox"/>	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>
<i>Please select one only</i>				
Normal take home pay	£	Hourly <input type="checkbox"/>	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>
<i>Please select one only</i>				

7.3 If your employment has ended, did you work (or were you paid for) a period of notice?

 Yes     No     Not applicable

If **Yes**, how many weeks/months did you work/were you paid for?

 Weeks     Months

7.4 Were you in your employer's pension scheme?

 Yes     No

7.5 If you received any other benefits e.g. company car, medical insurance etc from your employer, please provide details

## 8 If your employment has ended, what has happened since?

8.1 Have you got another job?

 Yes     No

8.2 When did/will you start work?

 /  / 

8.3 Is the job temporary?

 Yes     No

If you have answered **Yes**, please indicate when the job is likely to end (if you know)

 /  / 

8.4 How much are you now earning (or will you earn)?

Before tax	£	Hourly <input type="checkbox"/>	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>
<i>Please select one only</i>				
Normal take home pay	£	Hourly <input type="checkbox"/>	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>
<i>Please select one only</i>				

8.5 If your employment has ended, have you claimed any social security benefits?

 Yes     No

If you have answered **Yes**, please provide details

## 9.1 Please indicate the type of claim you are making by ticking all the boxes which apply to your claim

I was unfairly dismissed  
(including constructive dismissal)

I was discriminated against on the grounds of:

*If you select religious belief/political opinion, we will regard your complaint as a matter for the Fair Employment Tribunal which deals with unlawful discrimination on these grounds.*

Age		Disability		Equal Pay	
Part-time working		Race		Religious belief/ political opinion	
Sex		Sexual Orientation		Whistleblowing	

I am claiming a redundancy payment

I am owed

Arrears of pay	£	Breach of contract	£	Holiday pay	£
Notice pay	£	Other (please specify)			£

I am making another type of claim which the Employment Tribunal can deal with

Please state the nature of the claim

## 9.2 If you are complaining about discrimination

Please give the date(s) on which the matter about which you are complaining happened. Where discrimination occurred on a number of occasions give the most recent date when it happened. If you wish to give additional dates you can include this at 9.4 below. Please also indicate if the discrimination is ongoing.

Date

 /  / 

Ongoing

## 9.3 You only need to answer this question if you are complaining about discrimination on the grounds of religious belief/ political opinion.

When did you first know of the matter about which you are complaining?

 /  / 

## 9.4\* It is important that you provide us with details to support the complaints you have selected at 9.1.

Details should include:

A description of the act(s) complained of

When the act(s) took place

The names of the people involved

Why you believe the action was unlawful

Why you believe you are entitled to claim for payment that you say is owed

The amount of any payment you believe is owed

If you are complaining about discrimination in recruitment - what job did you apply for

If you are complaining about discrimination by way of victimisation, the type of discrimination that you are relying on e.g. sex, race, disability etc

9.4\* It is important that you provide us with details to support the complaints you have selected at 9.1 – *Continued*

A large, empty rectangular box with a thin black border, occupying most of the page. It is intended for the user to provide details to support the complaints selected in section 9.1.

9.4\* It is important that you provide us with details to support the complaints you have selected at 9.1 – *Continued*

## 10 Information to regulators in protected disclosure cases

- 10.1 If your claim consists of, or includes, a claim that you are making a protected disclosure under Article 67A of the Employment Rights Order (otherwise known as a whistleblowing claim), please tick the box if you consent to a copy of this form being forwarded on your behalf to a relevant regulator (known as a prescribed person under the relevant legislation) by the tribunal.

It would be helpful if you would indicate which Regulator you believe is relevant to your claim.

## 11 What do you want if your claim is successful?

- 11.1 Please tick the relevant box
- Re-instatement - to get your old job back and compensation
- Re-engagement - to get another job with the same employer or associated employer and compensation
- Compensation only

### 11.2 What compensation or remedy are you seeking?

If you are claiming financial compensation please give as much detail as you can about how much you are claiming and how you have calculated this. Please note that any figure you provide will be viewed as helpful information but it will not restrict what you can claim and you will be permitted to revise the sum claimed at a later stage. If you are seeking any other remedy from the Tribunal which has not been identified elsewhere in this form, please also state this below.

## 12 Reasonable Adjustments and Special Arrangements

- 12.1 Please tell us if there are any special arrangements you think we need to make in dealing with your case as it progresses through the system including any hearings that may be held. For example, you should let us know if you require us to make any reasonable adjustments due to a disability or if we need to arrange for an interpreter to translate the proceedings for you at your tribunal hearing.

- 13.1 You should provide any additional, relevant information you want us to know here. Please indicate which section of the form the additional information relates to. Please do not send us documents or evidence relating to your case at this stage.

Please re-read the form and check you have entered all the relevant information.

Signature

Date

You can email your completed form to:

**[mail@employmenttribunalsni.org](mailto:mail@employmenttribunalsni.org)**

OR, you can post this form to:

**The Secretary  
Office of the Industrial Tribunals & Fair Employment Tribunal  
Killymeal House  
2 Cromac Quay  
Ormeau Road  
BELFAST  
BT7 2JD**

***Please ensure that you pay the correct postage when sending your form as failure to do so may lead to your correspondence not being received.***