

Industrial Tribunals and
The Fair Employment Tribunal
Northern Ireland

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

This form is intended for use by respondents who wish to respond to a claim made against them to an Industrial Tribunal and/or the Fair Employment Tribunal in Northern Ireland.

To make your response on-line visit our website www.employmenttribunalsni.co.uk When you make your response on-line, receipt will be acknowledged electronically, there is no need to send a hard copy by fax or post.

Please refer to the guidance notes to assist you in completing this form. If you want to resist the claim(s) made against you, **your completed form must be presented to the Office of the Tribunals within 28 days** immediately after the date that you were sent a copy of the claimant's claim form. If you do not return the form by that date you may not be able to take part in the proceedings and a default judgement may be entered against you.

This form may include the response to more than one claim if the relief claimed arises out of the same set of facts, provided that in respect of each of the claims to which the single response relates: -

- a) you intend to resist all of the claims and the grounds for doing so are the same for each claim;
- b) you do not intend to resist any of the claims.

A single form may include the response of more than one respondent to a single claim provided that: -

- a) each respondent intends to resist the claim and the grounds for doing so are the same for each respondent;
- b) none of the respondents intend to resist the claim.

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

- are familiar with the statutory dispute resolution procedures and the conciliation service offered by the Labour Relations Agency.
- read the guidance notes that came with this form on how to fill it in;
- consider whether or not you need to take advice, particularly if you are responding to a claim that includes a complaint of discrimination

How to fill in this claim form:

By law you **must** provide the information marked with ★ and if it is relevant the information marked with ●

- **Please make sure that all the information you give is as accurate as possible.**
- **Please use black ink as we have to photocopy the form.**
- **Please write clearly and use CAPITAL letters for names and addresses.**
- **If you are sending your response by fax there is no need to send a copy in the post.**
- Where there are tick boxes, please select the one that applies.
- If you have a representative acting for you, correspondence will be sent to him/her and not to you.

Response to a claim to an Industrial Tribunal and/or The Fair Employment Tribunal (in Northern Ireland)

FOR OFFICE USE	
Case number(s):	Received Date

Claimant's Name: _____

Respondent's Name:
(as named in originating claim) _____

1 Respondent details

1.1★ Name of your organisation

Contact name:

1.2● If the respondent's name is different from that shown on the originating claim, please explain

1.3★ Address:

No:

Street:

Town / City:

County:

Post code:

1.4 Contact details:
(where we can contact you during normal working hours)

Tel. (Working Hours):

Mobile No:

Fax:

Email:

2 Your representative

Please fill in this section only if an individual or organisation has agreed to represent you. If you have appointed a representative, we will only send correspondence to them, except for the notice of hearing and your own copy of the tribunal's decision.

2.1 Representative's name:

2.2 Name of representative's organisation:

2.3 Address:

(your representative can enter their document exchange (DX) address here, which can be used by the Office of the Tribunals).

No.:

Street:

Town/City:

County:

Post code:

2.4 Contact details: Tel. (Day):

Tel. (Other):

Fax:

E-mail:

3 Claim details (important statutory procedures)

Please complete this section if the claimant is or was an employee or a worker. The terms “employee” and “worker” have specific legal meanings. See the guidance notes accompanying this form or alternatively, you may wish to seek advice.

3.1 What is or was the claimant’s relationship to you?

(a) Employee under a contract of employment

(b) Worker providing services

(c) Other (please specify below)

3.2 If the claim, or part of it, is about a dismissal, do you agree that the claimant was dismissed? Yes No N/A

3.3 If the claim, or part of it, is about something **other than** dismissal, does it relate to an action you took on grounds of the claimant’s conduct or capability? Yes No N/A

3.4 If you answered ‘Yes’ to 3.2 or 3.3, please explain below what stage you have reached in the dismissal and disciplinary procedure.

4 Employment details

**Please complete this section if the claimant is or was an employee or worker.
If they were not you can proceed directly to section 5.**

4.1 Are the dates of employment given by the claimant correct? Yes No
If 'Yes', please now go straight to 4.3.

4.2 If 'No', please give dates, state whether the employment is continuing, and say why you disagree with the dates given by the claimant.

When their employment started

 - -

Is their employment continuing?

 Yes No

When their employment ended or will end

 - -

I disagree with the dates for the following reasons;

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

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

5 Earnings and benefits

Please complete this section if the claimant is or was an employee or a worker.

If they were not you can proceed directly to section 6.

If the claimant has not provided these details in their claim form please insert the details you believe to be correct.

5.1 Are the claimant's basic hours correct? Yes No

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

5.3 Are the earnings details given by the claimant correct? Yes No

5.4 If 'No', please enter the gross pay details you believe to be correct. each hour week month

Normal take home pay (including overtime, commission bonuses etc.) each hour week month

5.5 Is the information given by the claimant about being paid for working a period of notice correct? Yes No

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

5.7 Are the details about pension and other benefits given by the claimant correct? Yes No

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

6★ Response

6.1★ Do you intend to resist the claim(s)?

If 'No', please now go straight to section 7.

Yes

No

6.2★ If 'Yes', you must set out in full the details of the grounds of such resistance.

6.2★ Response (continuation)

7 Other information

- 7.1 Please do not send a covering letter with this form.
You should add any extra relevant information you want us to know here.

8 Special Arrangements

- 8.1 Please tell us what, if any, special arrangements you think we need to make in dealing with your case. For example, you should let us know if we need to make any reasonable adjustment due to disability.

You (or your representative) should sign and date the form.

Date:

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Data Protection Act 1998. We will send a copy of this form to the claimant(s), the Labour Relations Agency and the Equality Commission for Northern Ireland, where appropriate. We will put some of the information you give us on this form onto a computer. This helps us to monitor progress, produce statistics and carry out research. We are required by law, except in certain circumstances, to publish information on tribunal claims in the Register of Claims and in due course in the Register of Decisions. We are required to make the Registers available to the public.

Please ensure that you pay the correct postage when sending us your completed form, as failure to do so may lead to your mail not being received.

Your completed response form should be sent to: **The Secretary
Office of the Industrial Tribunals &
The Fair Employment Tribunal
Killymeal House
2 Cromac Quay
Ormeau Road
BELFAST BT7 2JD**

For Office Use

Received at:

Initials: _____

Date: _____

