

For Office Use Only	
FORM ITC 1 – Workplace Complaints	
Date Received:	
Case Number:	

Intent to Complain Form – Workplace Complaints

Section 1 – Your Details

Title	<input type="text"/>	Preferred Pronouns	<input type="text"/>
First Name	<input type="text"/>	Middle Names	<input type="text"/>
Surnames	<input type="text"/>	Date of Birth	<input type="text" value="DD / MM / YYYY"/>
Address	<input type="text"/>		
Parish	<input type="text"/>	Postcode	<input type="text"/>
Email	<input type="text"/>		
Telephone	<input type="text"/>	Mobile Number	<input type="text"/>
Preferred Method of Contact (please circle)	<input type="checkbox"/> Email	<input type="checkbox"/> Telephone	<input type="checkbox"/> Mobile
Please state an address to which documents should be sent, if different from above			
Address	<input type="text"/>		
Parish	<input type="text"/>	Postcode	<input type="text"/>

Section 2 – Representation

Are you currently represented in this case?	Tick if yes <input type="checkbox"/>
If yes, please provide details below, otherwise go to Section 3	
Name and title (if applicable)	<input type="text"/>
Organisation (if applicable)	<input type="text"/>
Relationship to you	<input type="text"/>
Address	<input type="text"/>
Parish	<input type="text"/>
Email	<input type="text"/>
Telephone	<input type="text"/>
Do you wish us to correspond directly with your representative?	Tick if yes <input type="checkbox"/>

Section 3 – Complaint Details

Please indicate the type(s) of complaint(s) you are making	Tick all that apply	Date(s) when the issue occurred
A: Unfair Dismissal	<input type="checkbox"/>	<input type="text"/>
B: Failure to provide written reasons for dismissal	<input type="checkbox"/>	<input type="text"/>
C: Discrimination on grounds of Race, Disability, Religion or Belief, Carer Status or Sexual Orientation	<input type="checkbox"/>	<input type="text"/>
D: Discrimination on grounds of sex, marital status, or gender reassignment	<input type="checkbox"/>	<input type="text"/>
E: Victimisation	<input type="checkbox"/>	<input type="text"/>
F: Harassment	<input type="checkbox"/>	<input type="text"/>

Section 4 – Respondent Details

Name of the Employer or Organisation
you are complaining about

Address

Parish

Postcode

Email

Telephone

Please specify where you work(ed) if different from above.

Address

Parish

Postcode

Telephone

For Discrimination Claims Only (if you ticked C, D, E and / or F in Section 3 above):

Name of any individual employee(s) of your employer above, who
you believe committed the alleged act(s) of discrimination

Section 5 – Details about your employment

What job do/did you do for the employer

Dates of Employment

From

DD / MM / YYYY

To

DD / MM / YYYY

Hours Worked per week (excluding any overtime)

**Gross earnings (including overtime, shift pay, holiday pay, bonus/commission and
other cash benefits) for the last 6 months of employment (or for weekly paid staff
the last 26 weeks)***

£

*Gross earnings include all basic pay, overtime, shift pay, holiday pay, bonus/commission and other cash benefits. Gross earnings are all of the above BEFORE deductions of tax, social security contributions, food, accommodation etc.

Section 6 - Specific Details and Facts of Complaint

Please provide sufficient details which explain the facts and circumstances supporting your complaint. If there is not enough space please continue on additional pages and attach to this form.

PLEASE NOTE: You are **not** required to make full submissions (known as Pleadings) at this stage. You will have a further opportunity to make full submissions should the matter progress to a formal complaint to the Employment and Discrimination Tribunal. The full content of this form and any attachments will be shared with the Respondent.

Number of pages attached

Section 7 - Pre- Complaint Conciliation

You can use our free and confidential pre-complaint conciliation service to try and resolve your dispute without the need to go to the Employment and Discrimination Tribunal. This can also be quicker than waiting for a Tribunal hearing.

If the matter cannot be resolved through pre-complaint conciliation, you will still be able to progress your case to the Tribunal for a hearing.

If you proceed with pre-complaint conciliation, your time limit to make a complaint to the Tribunal is paused.

Yes

No

Would you like to try to resolve your complaint using this pre-complaint conciliation service?

Section 8 - Signature and Data Protection Information

Please note that the details you have provided above will be used to form the basis of your intention to complain and will be shared with the Employment & Discrimination Tribunal in the event of the matter progressing to a formal complaint.

As part of pre-conciliation, the information will also be shared with the respondent(s) identified in Section 4 above so that they can provide a response.

Signature:

Date:

DD / MM / YYYY

Print:

The Committee for Employment and Social Security will process any personal data which you provide in accordance with the Data Protection (Bailiwick of Guernsey) Law, 2017. Further information about how your personal data is processed can be found by following the link below or alternatively you may call 01481 222500 and request a paper copy.

Fair Processing Notice

www.gov.gg/dp

Please submit this form to:

The Employment and Equal Opportunities Service, Edward T Wheadon House, Le Truchot, St Peter Port, Guernsey, GY1 3WH

Telephone: 01481 220026

Email: enquiries@eeos.gg