

For Office Use Only	
FORM ITC 1a – Goods, Services and Accommodation Complaints	
Date Received:	
Case Number:	

Intent to Complain Form – Goods, Services & Accommodation Provision Discrimination 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

Tick if yes

Are you currently represented in this case?

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"/>
Postcode	<input type="text"/>
Email	<input type="text"/>
Telephone	<input type="text"/>

Tick if yes

Do wish us to correspond directly with your representative?

Section 3 – Type of Discrimination experienced

Please indicate the protected ground upon which your discrimination complaint is based:

Tick all that apply

A: Race	<input type="checkbox"/>
B: Disability	<input type="checkbox"/>
C: Carer Status	<input type="checkbox"/>
D: Sexual Orientation	<input type="checkbox"/>
E: Religion or belief	<input type="checkbox"/>

Section 4 – Respondent Details

Name of the business, landlord, or goods and services provider you are complaining about

Address

Parish

Postcode

Email

Telephone

Section 5 – Complaint Details

Date of the discriminatory incident

DD / MM / YYYY

OR

If more than one incident, please provide the date of the last incident

Last Incident

DD / MM / YYYY

Please provide sufficient details which explains 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

If known, please indicate the type of discrimination you believe you experienced.

Tick all that apply

Direct Discrimination

Indirect Discrimination

Discrimination by Association

Discrimination arising from a disability

Harrassment

Victimisation

It is a requirement under the Prevention of Discrimination (Guernsey) Ordinance, 2022, that before making a complaint you must have first written to the respondent detailed in Section 4 to raise your concerns and seek a resolution. You have 6 weeks, from the date of the last incident, to do this.

Yes

No

Have you written to the respondent within 6 weeks (from the the date of the last incident) to complain?

When did you write to them? (Please attach a copy of this letter to this form)

DD / MM / YYYY

Section 6 - Financial Losses

Did you incur any financial loss as a consequence of the discrimination you believe you were subject to? Yes No

If yes, please state the total value of those losses. £

Please provide details below of the nature of these losses. If there is not enough space please continue on additional pages and attach to this form

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.

Would you like to try and resolve your complaint using this pre-complaint conciliation service? Yes No

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:

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