

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 when responding to a claim made against you to the Industrial Tribunals and/or Fair Employment Tribunal in Northern Ireland.

Please refer to the guidance notes to assist you in completing this form. If you wish to resist the claim(s) made against you, your completed form must be submitted to the Office of the Tribunals within 28 days after the date that you were sent a copy of the claimant's claim form. If you do not submit your 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 claim to which the response relates:-

- a) you intend to resist all of the claims and the grounds for doing so are the same for each claimant; or
- 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; or
- b) none of the respondents intend to resist the claim.

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

- (i) are familiar with the statutory dispute resolution procedures and the conciliation service offered by the Labour Relations Agency including "early conciliation" which came into effect on 27th January 2020;
- (ii) have read the notes that accompany this form on how to fill it in; and
- (iii) 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 *.

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.

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

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 response will be sent to the claimant(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.

Response Form – ET3

Please ensure that you complete all questions marked with *

Official Use Only			
Date Received		Initials	
IT CRN		FET CRN	

1 Claimant details

Before entering your response, you are required to input the case reference number, claimant's name and respondent's name as they appear on the claim form sent to you. In any subsequent contact that you have with the office you should quote the case reference number allocated.

Case Reference Number

Claimant's name

Respondent's name
(as on the claim form)

2 Respondent's details

If this response includes more than one respondent, please provide the same details as in this section in section 11.

2.1* Name of individual, company
or organisation

2.2 Contact name

If the respondent's name is different from
that shown on the claim form, please
explain why

2.3* Address

Number or name

Street

Town/City

County

Post code

2.4 Phone number

Where we can contact you during the day

Mobile number (if different)

2.5 How would you prefer us to contact you?

Please tick one box only

Post

Email

Please note that some documents cannot be sent electronically

2.6 Email address

3 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.

- 3.1 Name of representative
- 3.2 Name of organisation
- 3.3 Address
- Number or name
- Street
- Town/City
- County
- Post code
- 3.4 Phone number
- 3.5 Mobile number (if known)
- 3.6 If you are the representative, how would you prefer us to contact you?
Please tick one box only
- Post Email *Please note that some documents cannot be sent electronically*
- 3.7 Email address

4 Early Conciliation

- 4.1 Do you agree with the details given by the claimant about early conciliation with the LRA? Yes No
- 4.2 If no, please explain why, e.g. has the claimant given the correct conciliation certificate number or do you disagree that the claimant is exempt from early conciliation? If so, why? Please do not provide any detail of any discussions which may have taken place with the conciliation officer.
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5 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. Please see the guidance notes accompanying this form or alternatively you may wish to seek advice.

5.1 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)	

5.2 If the claim, or part of it, is about dismissal, do you agree that the claimant was dismissed?

Yes No N/A

5.3 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

5.4 If you answered “yes” to 5.2 or 5.3, please explain what stage you have reached in the dismissal and disciplinary procedure

6 Employment Details

Please complete this section if the claimant is or was an employee or worker. If they were not, please proceed to section 7.

6.1 Are the dates of employment given by the claimant correct?

Yes No

If Yes, please go to 6.4

6.2 If No, please complete this section

When their employment started

When their employment ended or will end

I disagree with the dates for the following reasons

6.3 Is their employment continuing?

Yes No

6.4 Is the claimant’s description of their job/job title correct?

Yes No

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

7**Earnings and Benefits**

Please complete this section if the claimant is or was an employee or a worker. If they were not, please proceed to section 8. If the claimant has not provided these details in their claim form please insert the details you believe to be correct.

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

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

Hours per week

7.2 Are the earning details given by the claimant correct? Yes No

If **No**, please enter the gross pay you believe to be correct

£ per hour weekly monthly

Normal take home pay

£ per hour weekly monthly

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

If **No**, please enter the details you believe to be correct. If no notice was given or you didn't pay the claimant instead of letting them work their period of notice, please explain what happened and why

7.4 Is the information given by the claimant about pension and other benefits correct? Yes No

If **No**, please set out the facts which you intend to rely on to defend the claim

8.1 Do you intend to resist the claim? Yes No

If No, please go to section 9

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

8.2 If Yes, please set out the facts which you intend to rely on to defend the claim – *Continued*

9**Employer's contract claim**

Only available in limited circumstances where the claimant has made a contract claim - please see guidance

- 9.1 If you wish to make an Employer's contract claim in response to the claimant's claim, please tick this box and complete section 9.2.

- 9.2 Please set out the background and details of your claim which should include all important dates

10**Reasonable Adjustments and Special Arrangements**

Please tell us if there are any special arrangements you think we need to make in dealing with this 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.

11 Other Information

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 also tell us if there are internal grievance/disciplinary procedures which have not yet been completed.

12 Final Check

Please re-read the form and check you have entered all the relevant information. Please keep a copy of the form.

Signature

Date

You can email your completed form to:

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.