

Draft Respondent's Response (ET3)

A. YOU MUST FILL IN SECTION A TO BE ABLE TO DEFEND THE CLAIM

1

CLAIMANT'S NAME

Claimant's name:

2

RESPONDENT'S DETAILS

* Name of Individual, Company or Organisation:

Contact name:

* Address: Number or Name

Street

+ Town /City

+ County

Postcode

Phone number including area code
(where we can contact you in the day time)

Email address (if any):

Mobile/Fax number (if different you use one):

RESPONSE

* Do you defend the claim?

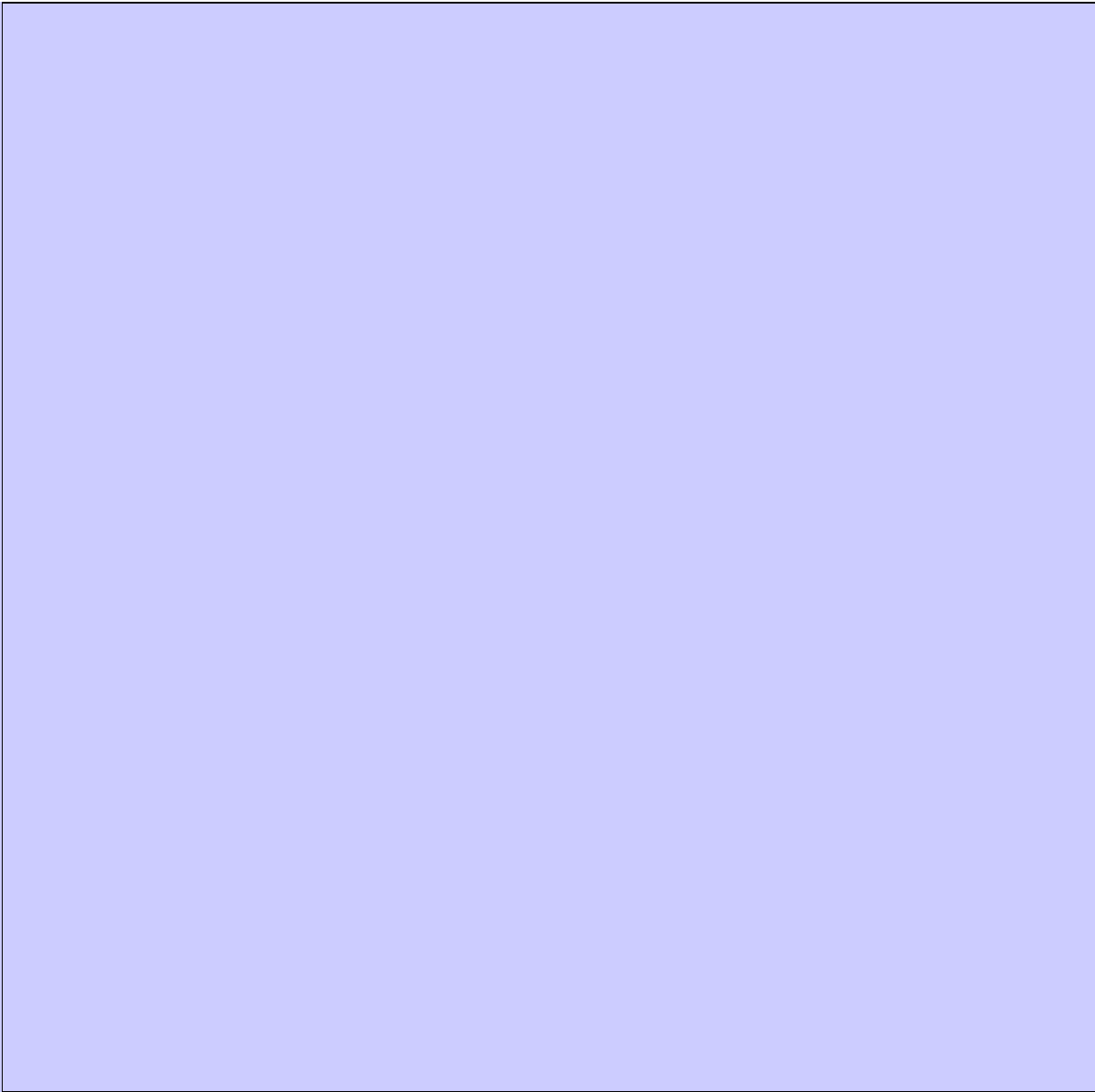
If 'No', please now go straight to section D.

Yes

No

If 'Yes', please set out the facts which you rely on to defend the claim.

See Guidance. (Please use the blank sheet at the end of the form if needed)



B. YOU SHOULD COMPLETE THIS SECTION B SO THAT WE CAN PROCESS YOUR RESPONSE EFFICIENTLY

How would you prefer us to contact you?

Email

Post

Fax

(Please tick only one box)

[Via representative](#)

Your Representative

Email address:

Fax number:

How many people does this organisation employ in Great Britain?

Does this organisation have more than one site in Great Britain?

Yes

No

If 'Yes', how many people are employed at the place where the claimant worked?

Representative's name:

Name of the representative's organisation:

Address: Number or Name
Street
Town/City
County
Postcode
Phone number:
E-mail address:
Reference:
How would you prefer us to communicate with them?
 (Please tick only one box)

Email Post

C. YOU DO NOT HAVE TO COMPLETE THIS SECTION C BUT IT WILL HELP THE TRIBUNAL TO PROCESS YOUR CLAIM MORE EFFICIENTLY IF YOU DO SO

3

Employment details

Employment details

Are the dates of employment given by the claimant correct? Yes No

~~If 'Yes', please now go straight to section 3.3.~~

If 'No', please give dates and say why you disagree with the dates given by the claimant.

When their employment started

When their employment ended or will end

Is their employment continuing? Yes No

I disagree with the dates for the following reasons:

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

If 'Yes', please now go straight to section [4D](#)

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

4 Earnings and benefits

Are the claimant's hours of work correct? Yes No

If 'No', please enter the details you believe to be correct. hours each week

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

If 'Yes', please now go straight to section 4.3

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

Pay before tax _____ £ .00 Weekly
(overtime, commission, bonuses and so on)

_____ Monthly

Normal take home pay (including _____ £ .00 Weekly
(overtime, commission, bonuses and so on)

_____ Monthly

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

If 'Yes', please now go straight to section 4.4

If 'No', please give the details you believe to be correct below. If you gave them no notice or didn't pay them instead of letting them work their notice, please explain what happened and why.

Are the details about pension and other benefits, e.g. company car, medical insurance, etc, given by the claimant correct? Yes No

If 'Yes', please now go straight to section 5.

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

5 Response

***** Do you defend the claim? Yes No
If 'No', please now go straight to section 6.

If 'Yes', please set out the facts which you rely on to defend the claim. See Guidance. (Please use the blank sheet at the end of the form if needed)



6 **Employer's Contract Claim**

D. EMPLOYER'S CONTRACT CLAIM. Please note this is only available in limited circumstances where the Claimant has made a contract claim. See [Guidance](#)

~~Only available in limited circumstances where the Claimant has made a contract claim. See [Guidance](#).~~

If you wish to make an Employer's Contract Claim in response to the Employee's Claim, please tick this box and complete section 6.2 below.

Please set out the background and details of your claim below, which should include all important dates. (See Guidance for more information on what details should be included).

[Empty rectangular box for content]

~~not you.~~

D. SUBMIT YOUR FORM

Representative's name:

Name of the representative's organisation:

Address: Number or Name

Street

Town/City

County

Postcode

Phone number:

Reference:

How would you prefer us to
communicate with them?
(Please tick only one box)

Email

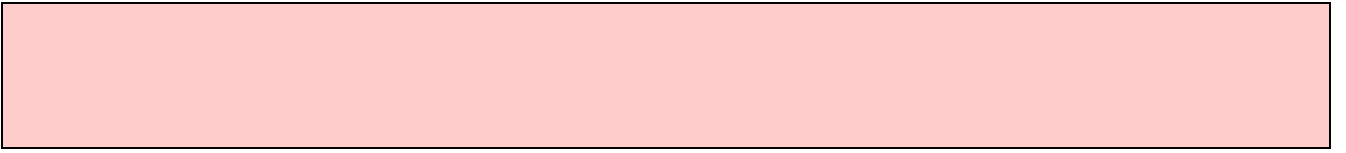
Post

E-mail address:

**Please read the form and check you have entered all the relevant information.
Once you are satisfied, please tick this box.**

Data Protection Act 1998. We will send a copy of this form to the claimant and Acas. We will put the information you give us on this form onto a computer. This helps us to monitor progress and produce statistics. Information provided on this form is passed to the Department for Business, Innovation and Skills to assist research into the use and effectiveness of employment tribunals. (URN 05/874)

Additional space for notes.



Employment Tribunals check list and cover sheet

You have completed stage one of your application and opted to print and post your form. We would like to remind you that responses submitted on-line are processed much faster than ones posted to us. If you wish to submit on-line please go back to the form and click the submit button, otherwise follow the Check list before you post the completed responses to the relevant office address.

A list of our office's contact details can be found at the hearing centre page of our website at – <http://www.justice.gov.uk/tribunals/employment/venues> ; if you are still unsure about which office to contact please call our national enquiry line on 0845 7959775 (Mon – Fri, 9am – 5pm) or Mincom 0845 757 3772; they can also provide general procedural information about the employment tribunals.

Please check the following:

1. Read your response to ensure the information entered is correct and truthful, and that you have not omitted any information, which you feel, may be relevant to your client.
2. You must not attach a covering letter to your form. If you have any further relevant information please enter it in the 'Additional Information' space provided in the form.
3. The completed form should be returned to the relevant office address. If you are using a window envelope you may insert this page with your response. Please do not clip or staple this page to your response form.
4. Keep a copy of your response form.

Once your application has been received, you should receive confirmation from the office dealing with your claim within 5 working days. If you have not heard from them within five days, please contact that office directly. If the deadline for submitting the Response is closer than 5 days (see covering letter sent with this form) you should check that it has been received before the time limit expires.

Input:	
Document 1 ID	interwovenSite://Worksite/Legal01/24259960/1
Description	#24259960v1<Legal01> - BIS ET3 form
Document 2 ID	interwovenSite://Worksite/Legal01/24259960/3
Description	#24259960v3<Legal01> - BIS ET3 form
Rendering set	Standard

Legend:	
<u>Insertion</u>	
Deletion	
Moved from	
<u>Moved to</u>	
Style change	
Format change	
Moved deletion	
Inserted cell	
Deleted cell	
Moved cell	
Split/Merged cell	
Padding cell	

Statistics:	
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Insertions	30
Deletions	52
Moved from	0
Moved to	0
Style change	0
Format changed	0
Total changes	82