

## Early Conciliation Notification Form

*For individuals intending to bring a claim to an  
Industrial Tribunal/Fair Employment Tribunal*

For general queries about your workplace rights and responsibilities telephone our  
**Workplace Information Service: 03300 555 300**

**Fields marked with an asterisk (\*) must be completed.**

### Section A: About you and your employer

#### 1. Your name and contact details

Title	
First name(s)*	
Surname or family name*	
Your address*	
Town City*	
County	
Postcode*	
Main contact number	
The Agency will attempt to contact you within the next five working days. Please provide a <b>preferred contact telephone number</b> for us to contact you on	
Alternative contact number	
Email address	
National Insurance Number	



## 2. Your representative details

You only need to fill in this section if you have appointed a person to act on your behalf (a representative). Having a representative is optional, you are not required to appoint one to submit a notification.

A representative might be a legal adviser, trade union official, relative, or a friend. Please do not give the name of a representative unless they have agreed to act for you. You should not give the name of a person or organisation who is only giving you advice on filling in this form. If you appoint a representative we will deal directly with them, not with you.

If you want to notify us of a representative you need to provide the following information as a minimum:

- ▶ i. Your representative's contact name OR their organisation's name, AND
- ▶ ii. Your representative's postal address OR their email address

If you do not have the minimum information required at this time, leave the representative details section blank. You can always provide us with the required information when we contact you after receipt of this form.

Name of representative	
Name of representative's organisation	
Address	
Town/City	
County	
Postcode	
Landline telephone number	
Mobile telephone number	
Email	



3. The relevant employer, person or organisation

(The company or person that employed you or continues to employ you, or to whom you were a job applicant)

Please note: It is important that you provide the correct name of the relevant employer, person or organisation. This may be found on your contract of employment, on your payslip or other relevant documentation.

Employer name*	
Employer address*	
Town/City*	
County	
Postcode*	
Telephone number	

Do you consent to the Labour Relations Agency contacting the relevant employer, person or organisation about your claim? Yes ☐ No ☐

Section B: About your Claim (Optional)

4. Your employment

What date did you start work for the above employer? (If never employed leave blank)	
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If applicable, on what date did your employment finish? (if employment is continuing leave blank)	
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What job did you do for your employer?	
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On what date did the event that you intend to make a claim about take place?	
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Do you know if anyone else is also making a claim about this? Yes ☐ No ☐

Is your claim about unlawful discrimination?

Yes

☐

No

☐

**(The law protects a person being discriminated against on the grounds of sex (including pregnancy), race, religion, political opinion, disability, sexual orientation or age)**

It would be helpful if you could provide a brief summary of what your claim is about in the following box:

### **Section C: How should we get in touch with you?**

When we receive your form, we will contact you, or your representative, using the telephone number(s) you have given us. If you, or your representative, need help with access to this service, please give details in the following box:

Please make sure that you have completed all the relevant parts of this form and ticked the appropriate boxes. When completed please send your form to one of the following addresses:

**EC Notifications  
Labour Relations Agency  
2-16 Gordon Street  
Belfast  
BT1 2LG**

**EC Notifications  
Labour Relations Agency  
3rd Floor, Richmond Chambers  
The Diamond  
Derry/Londonderry  
BT48 6HN**

Alternatively you can contact the Labour Relations Agency on the  
**Early Conciliation telephone number 03300 552 224**

**Information provided will be protected, processed and used in accordance with the Labour Relations Agency's Privacy Policy, details of which are available on our website. Alternatively, please ring 03300 552 200 to ask for a copy to be posted to you.**