

Employment Law POA Application Form Discrimination Harassment/Victimisation

Form 3

Office use only

Thompsons

POA

LA/

Full name

Home Address:

Home Telephone Number:

Mobile Number:

Home Email:

What is your date of birth:

Who is your employer:

Where did you work:

What was your job title:

Start date with employer :

On which grounds is your complaint based? You must be able to identify on which of the following ground or grounds your complaint is based

Gender

Age

Race

Marital Status/Civil Partnership

Sexual Orientation

Trade Union Membership/Activities

Religion or Belief

Health & Safety

Gender Reassignment

Disability

Please provide a brief explanation in date order detailing the treatment of your employer (or other employees) that you believe to be discriminatory. If your complaint is one of victimisation please identify what steps or action under the relevant Act you took which you believe has led to your being treated differently:

On what date was the discriminatory act committed:

Why do you believe the treatment you received from your employer was on one of the prohibited grounds (sex, race etc):

Who are you comparing yourself too? Please name your comparator

Are you an elected POA Official and/or Health & Safety Representative?
(Please circle the appropriate answer)

Yes

No

Were you carrying out duties in your capacity as an elected Official or Health & Safety Representative when you were discriminated against?

Yes

No

If so, please provide details of the duties being carried out.

If your complaint concerns Disability Discrimination what is the condition you are suffering from, how long has it affected your day to day activities and what, if any, medication have you been prescribed and what effect does it have on your day to day activities.

If your complaint concerns Disability Discrimination what reasonable adjustments could your employer have made to overcome any substantial disadvantage.

If your complaint concerns Disability Discrimination are you aware of any suitable alternative role/roles which are available or were available at the time of your dismissal or at the time your request to make reasonable adjustments was refused? If so, please provide us with details of the role/roles together with an explanation as to why you believe you are or were suitable for the role/roles.

Are there any witnesses who can support your case, if so please provide the following details:

Name :

Contact Details:

Work Phone Number:

Home or Mobile Number:

Brief details of what they witnessed:

Name :

Contact Details:

Work Phone Number:

Home or Mobile Number:

Brief details of what they witnessed:

Following the abolition of the statutory grievance procedures and the introduction of the new ACAS Code on Disciplinary and Grievance Procedures on 6 April 2009 the POA still recommend that a member raises a grievance as not to do so could result in any compensation being reduced by up to 25%.

You must send a copy of your grievance with this form together with confirmation of the date on which it was submitted. If you have not already raised a grievance you should do so immediately.