

## Free Initial Assessment Form

Please complete the following assessment form. Fields marked with an asterisk (\*) must be entered.

Ensure that you provide at least one telephone number.

Use extra Sheets if necessary

If your claim is already in the Employment Tribunal please attach a copy of all Tribunal/Court papers and any other papers you consider relevant; this is important.

Please return the completed assessment form (free of charge) to:

net employment solicitors  
PO BOX 216  
Charing  
ASHFORD  
TN27 0WX

Last Name\*

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First Name\*

---

Title\* (Mr, Mrs, Miss, Ms)

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Address Line 1\*

---

Address Line 2

---

Address Line 3

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City

---

Postcode\*

---

Daytime Phone

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Evening Phone

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Email

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Employer

---

Start Date

---

Termination Date

---

Salary

---

Period of Notice

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Have you found a new job?

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If you have a new job - what is the salary?

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Start date with new employer

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**Dispute Type**

- |                           |                          |                    |                          |                       |                          |
|---------------------------|--------------------------|--------------------|--------------------------|-----------------------|--------------------------|
| Race Discrimination       | <input type="checkbox"/> | Sex Discrimination | <input type="checkbox"/> | Unfair Dismissal      | <input type="checkbox"/> |
| Wrongful Dismissal        | <input type="checkbox"/> | Breach of Contract | <input type="checkbox"/> | Wages Claim           | <input type="checkbox"/> |
| Disability Discrimination | <input type="checkbox"/> | Internal Grievance | <input type="checkbox"/> | Internal Disciplinary | <input type="checkbox"/> |
| Personal Injury           | <input type="checkbox"/> | Other              | <input type="checkbox"/> |                       |                          |

**Preferred Contact Time\***

- |                       |                          |                      |                          |                   |                          |
|-----------------------|--------------------------|----------------------|--------------------------|-------------------|--------------------------|
| Morning before 9am    | <input type="checkbox"/> | Morning before 12pm  | <input type="checkbox"/> | Midday            | <input type="checkbox"/> |
| Afternoon before 3 pm | <input type="checkbox"/> | Afternoon before 6pm | <input type="checkbox"/> | Evening after 6pm | <input type="checkbox"/> |

**How did you here about us?**

- |                  |                          |                        |                          |         |                          |
|------------------|--------------------------|------------------------|--------------------------|---------|--------------------------|
| Newspaper Advert | <input type="checkbox"/> | Internet Search Engine | <input type="checkbox"/> | Leaflet | <input type="checkbox"/> |
| Other            | <input type="checkbox"/> |                        |                          |         |                          |

**Dispute Details\***

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Is your claim already in the Employment Tribunal?  Yes  No

If yes please attach a copy of all Tribunal/Court papers and any other papers you consider relevant; This is important.