



Sherborne Citizens' Advice Bureau

Employment Problem Questionnaire

To help us ensure that we give you complete and accurate advice about your employment problem, please complete the form below, then print it and bring it with you when you attend for your appointment, together with your written contract of employment if you have one, and any relevant correspondence. Click on 'Select' to choose from options, scroll and then click selected option.

Title

Name

E-mail address

Phone Number

Postal Address

Post Code

Date of Birth

Employer's Name

Employer's Postal
Address

Employer's Post
Code

Employer's Phone
Number

Type of work/Job
title

Date employment
began

Do you have a
written contract of
employment?

Contracted weekly
hours

Pay before
deductions

Payment frequency

When does your
holiday leave year
start?

Annual holiday

Entitlement?

Days taken this leave year?

Nature of
employment problem
and date occurred/
last arose

Are you still working
for this employer? *If NO, when did your employment end?*

Have you received
notice of dismissal? *If YES, when does the notice expire?*

Have you received
any oral or written
warnings from the
employer? *If YES, what was the date of the most recent warning?*

Have you raised a
formal written
grievance? *If YES, on what date did you raise the grievance?*

Has your employer
invited you to a
meeting to discuss
the problem? *If YES, when is/was the meeting?*

Do you belong to a
trade union? *If YES, what is the name of the union?*

Do you have legal
expenses insurance?
(may be included in
home insurance
policy)

For Bureau Use Only	
Contract of employment seen and copied?	
Written warnings seen and copied?	
Employment Tribunal deadline advised as	