

NOTICE OF DISPUTE TO RIGHTS COMMISSIONER

MATERNITY PROTECTION ACTS 1994-2004

PLEASE USE BLOCK CAPITALS

**Please refer to “Notes for Completion of Forms” before filling out
this form**

EMPLOYEE’S DETAILS

Name: _____

Address:

Tel: _____

E-Mail: _____

Job Title:

PPS No:

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**COMPANY/EMPLOYER’S DETAILS
(Please refer to Notes for Completion of Forms)**

Name: _____

Address:

Tel: _____

E-Mail: _____

Nearest Town to Place of Employment:

Employer’s Registered (PAYE) No:

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**N.B.: IS YOUR EMPLOYER AWARE THAT YOU ARE BRINGING THIS DISPUTE
TO A RIGHTS COMMISSIONER?**

YES **NO**

Name and Address of your Representative (if any):

