

2.8 Please set out details of any grievances which you have pursued against your employer and the result.  
*Please include copies of any decisions made.*

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2.9 Does your employer have any policy or practices to deal with stress at work? YES  NO   
*If so please provide a copy.*

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2.10 Does your employer provide a counselling service? YES  NO   
*If you have used this please set out details of the counselling provided.*

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2.11 Please set out the first date on which you reported the problem to your doctor  
and please describe all the treatment you have received since that date.

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2.12 Please provide the dates of all absences from your work due to your condition.

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2.13 Has your medical advisor ever contacted your employer about the problem? YES  NO   
*If so, please set out the details.*

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2.14 Have any of your colleagues suffered from similar problems? YES  NO   
*If so, please set out the details.*

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2.15 Please give the names and addresses of any witnesses who will be prepared to support your claim.

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2.16 Have you suffered from any previous stress related condition or episodes of depression? YES  NO   
*Please set out details of any other factors influencing your well-being outside of the workplace which could cause a stress related condition (e.g. mental health problems, bereavements).*

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### Limitation warning for stress claims

#### Employment Tribunal Claim

Claims must be received by the Employment Tribunal within 3 months of the effective date of termination of employment, Or, in the case of sex, race or disability discrimination, within 3 months from the date of the act complained of, or where the act is continuing within 3 months of the last act of discrimination.

#### Personal Injury Claims

Court proceedings must be commenced within 3 years of the date of an accident, or in the case of occupational disease, including stress, within 3 years from when the member knew or ought to have known that he/she has suffered an injury.

#### Claims under the Protection from Harassment Act 1997

Court proceedings must be commenced within 6 years of the date on which the first act of bullying/harassment occurred.

**Please return completed form to:**  
UNISON Legal Department, PO Box 3461, Sheffield S1 4XT



# Stress Form

Legal assistance for branches for work related stress personal injury advice

*WARNING: Very few work related stress personal injury cases are successful as it is necessary to prove that your employer was on notice that you would suffer a recognised psychiatric illness as a result of your employer's behaviour. It is also difficult to succeed with a claim under the Protection from Harassment Act as you have to have suffered a course of extremely serious behaviour from a colleague which would be considered to amount to a criminal act. The time*

ALL sections of this form MUST be completed

Section 1 ● to be completed by Branch Secretary

Section 2 ● to be completed by Member

Branch must refer to the 'Stress Claims – a guide for UNISON branches and regions' booklet' (stock no.1926) before completing the form.

## Section 1: to be filled in by the Branch Secretary

This section is to be completed fully by the Branch Secretary. The form will not be processed if this section is not fully completed.

Name of member (please give all the surnames you have used)	
UNISON region	UNISON membership number
UNISON service group	Branch Secretary's name
Branch name and address	
Date of joining UNISON	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Male	<input type="checkbox"/>
Female	<input type="checkbox"/>
I confirm that the above named was a fully paid-up member of UNISON for at least four weeks before the incident (the Branch Secretary's signature is confirmation that the member is entitled to legal assistance).	
Signed	Branch
	Date
(Branch Secretary)	

## Questionnaire for Branch Secretary

1.1 Has the member reported the problem to the employer?

If so, when and what was said?

YES  NO

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1.2 Has the member instituted a grievance procedure?

If so, when and with what result? If not, why not?

YES  NO

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1.3 When was the problem referred to you?

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1.4 What steps have been taken by you to resolve the problem with the employer?

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1.5 Has a risk assessment been carried out?  
*If so, please give details:*

YES  NO

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1.6 What advice have you given the member so far?

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1.7 Does the member have any claim which you consider could form the basis of a complaint to the Employment Tribunal?  
*If so, please give details:*

YES  NO

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1.8 Has a CASE form been completed?  
*If so, are you aware whether the employment claim is being supported?*

YES  NO

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1.9 Have you advised the member of the time limit for any possible Employment Tribunal claim?

YES  NO

1.10 Have you advised the member of any other relevant time limits  
*(ie three years for a civil case for a work related personal injury stress claim)?*

YES  NO





**2.3 What symptoms have you suffered and when did these begin?**

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**2.4 When did you link these symptoms to your work?**

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**2.5 When did you first report your problems to your employer? Who did you make this report to?**

*Please include any reports made prior to your absence from work.*

*If the complaint was made in writing please supply a copy.*

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**2.6 Following your report of problems to your employer please set out details of the steps they took?**

*If you have been referred to Occupational Health please set out details and include copies of any letters/reports they have provided.*

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**2.7 Is there anything that you believe your employer could have done to improve your situation?**

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