(Employment – Equal Pay) **PLEASE DELETE**

Your address

**Enter Employer’s Name**

**Enter Address**

**Date**

Dear \_Enter name of person you are writing to\_\_\_\_,

**Subject: (say what your letter is about)**

I would like you to accept this letter as a formal complaint of discrimination on the grounds of disability at (employer).

The Equality Act 2010 states that it is unlawful for an employer to pay a disabled employee a lower salary or wage, or offer less favourable terms and conditions, than a non-disabled person carrying out work with the same or similar value / reduce the pay of an employee due to a newly acquired disability or health condition. (delete as appropriate).

* (Describe in detail what has happened. Give the facts of the case, being specific and clear.)
* I believe that your treatment of me amounts to discrimination on the basis of my disability.

I have tried to resolve the matter informally (explain what steps you have taken to resolve the issue, who you spoke to and what date you spoke to them) but I have not received a satisfactory outcome. I am therefore raising my concerns formally via (employer’s) grievance procedure. In line with this procedure, I expect a response from you within (internal procedure stated timeframe).

Yours sincerely

(Your name)