

LOCAL GOVERNMENT PENSION SCHEME
INTERNAL DISPUTE RESOLUTION PROCEDURE

STAGE I

Application to the Specified Person

You can use this form to apply to the specified person if you want him to investigate a complaint to do with your pension. Please write clearly in ink and fill in this side of the form in capital letters.

1 Member's Details

If you are the member (the person who is or was in the scheme) please give your details in this box. You can then go straight to the other side of the form and ignore the other boxes on this side.

If you are the member's dependant (for example husband, wife or child) or if you are representing the person with the complaint, please give the member's details in this box, then go on to the next box.

Name	
Address	
Date of Birth	
Employer	
National Insurance No	

2 Dependant's Details:

If you are the member's dependant and the complaint is about a benefit for you, please give your details in this box. If the complaint is about a benefit for a dependant and you are the dependant's representative please give the dependant's details in this box.

Name	
Address	
Date of Birth	
Relationship to member	

3 Representative's Details:

If you are the member's or dependant's representative, please give your details in this box:

Name	
Address	
Whose address should letters go to?	

4 Your complaint:

Please give full details of your complaint in this box. Please try to explain exactly why you are aggrieved, giving any dates or periods of scheme membership that you think are relevant. If there is not enough space please go on to a separate sheet, writing your name and national insurance number, if you are the member, or the member's name and national insurance number, if not, at the top and attach the extra sheet to this form.

5 Your Signature

I would like the specified person to look into my complaint and make a decision about it. I am a:

- Scheme member/prospective member/former member*
- Dependant of a former member*
- Member's/dependant's representative*

* delete as appropriate.

Signed

Date:

Please enclose a copy of any notification you got from your employer or administering authority about the decision you are complaining of, together with any other letter or notification that you think might be helpful.

Please send this form to:

Mrs K Scotford
Assistant Director of Finance – Financial Operations
Royal Borough of Greenwich
Chief Executive's Department
The Woolwich Centre
35 Wellington Street
Woolwich SE18 6HQ