

LOCAL GOVERNMENT PENSION SCHEME

Internal Dispute Resolution Procedure (IDRP) Stage 2

Application to the Administering Authority

Where you are dissatisfied with the decision, or lack of a decision, by the specified person at Stage 1 of the IDRP, you can use this form to apply to the administering authority for your complaint to be reconsidered.

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 including why you are dissatisfied with the decision of the specified person. 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 administering authority to consider 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:

In addition to the information previously supplied to the specified person, the administering authority must also be given a copy of the specified person's decision.

Please send this form to:

Mr J Scarborough
Head of Legal Services
Royal Borough of Greenwich
Chief Executive's Department
4th Floor, the Woolwich Centre
Wellington Street
London SE18 6HQ