

Dispute Resolution Application Form (Stage one)

Please use this form to: apply to the adjudicator at stage one of the internal dispute resolution procedure if you want them to investigate a complaint concerning your pension;

YOUR EMPLOYER/FORMER EMPLOYER

My disagreement is with a decision made by -
(tick one box only)

The employer named above

East Sussex Pension Fund

1. Member's details (to be completed in all cases)

Full Name	
Address	
Date of Birth	
National insurance number	

2. Dependant's details:

If you are the member's dependant and the complaint is about a benefit for you, please give **your** details here.

Full 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.

Full Name	
Address	
The address response letter should be sent to	

4. Your complaint

Please give full details of your complaint below. Please try to explain exactly why you are unhappy, giving any dates or periods of scheme membership that you think are relevant.

5. Your signature

I would like my complaint to be considered and a decision to be made about it.

I am the (* delete as appropriate)

Scheme member/former member/prospective member *

Dependant of a former member *

Member's representative/dependant's representative *

I am dis-satisfied with the decision made in respect of my LGPS pension entitlement and request that the decision is reviewed by the adjudicator appointed by my employer.

Signed:..... Date:.....

Please remember to enclose a copy of any notification of the decision you are complaining of which has been issued by the employer or East Sussex Pension Fund. Also enclose any other letter or notification that you think might be helpful.

PLEASE SEND THIS FORM TO:

The adjudicator specified by the body making the decision to which you are complaining about.