

## APPLICATION UNDER THE INTERNAL DISPUTE RESOLUTION PROCEDURE

You can use this form to:

- a) apply to the nominated person at stage 1 of the internal dispute resolution procedure if you want them to investigate a complaint concerning your pension; and
- b) apply to the nominated person at stage 2 if you want them to reconsider a determination made by the nominated person at stage 1.

Please refer to the separate IDRP guidance document on this website.

**Is this a Stage One or Stage Two dispute?**

Stage One

☐

Stage Two

☐

**Who is the dispute about?**

Employer

☐

Suffolk Pension Fund

☐

## NOTES

**Member's details:**

**If you are the member or former member** (the person who is or was in the Scheme), or a prospective member (a person who is eligible to be a member of the Scheme), please give your details in section 1. You can then go straight to section 4.

**If you are the member's dependant** (for example, their spouse, civil partner, cohabiting partner or child), please give the member's details in section 1, and then go to section 2.

**If you are representing the person with the complaint**, please give the member's details in section 1, and then go to section 3.

## SECTION 1

Full Name	
Address	
Date of Birth	
Employer	
National insurance number	

## SECTION 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 and then go to section 4.

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 and then go to section 3.

Full Name	
Address	
Date of Birth	
Relationship to member	

## SECTION 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 letters should be sent to	

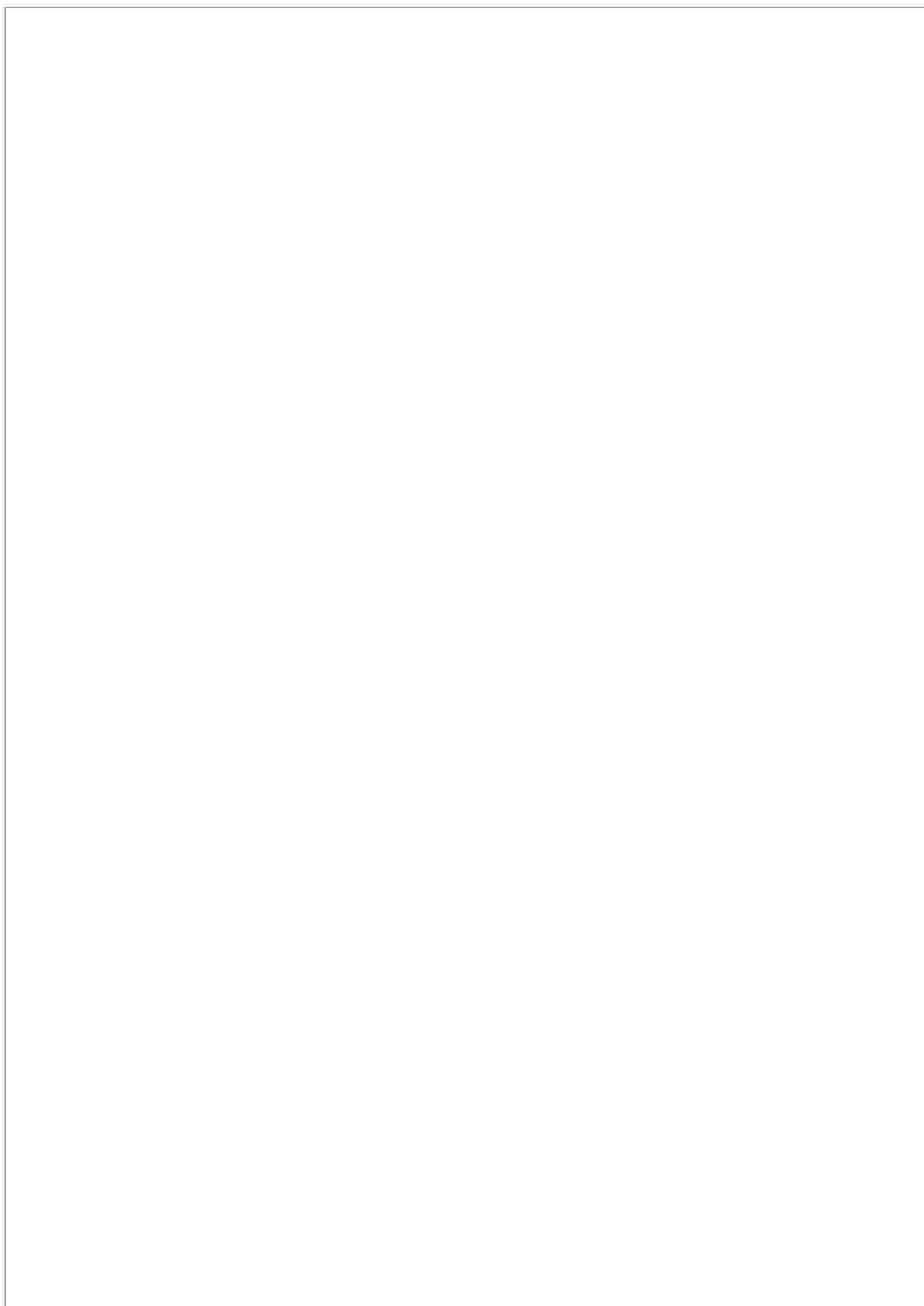
## SECTION 4

### Your complaint

Please give full details of your dispute in this box. Please try to explain exactly why you are unhappy, 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 and attach it to this form.** Remember to write your name and national insurance number at the top of any separate sheet if you are a member. Or, if you are not a member, put the member's name and national insurance number at the top of any separate sheet.

### YOUR COMPLAINT IN FULL DETAIL:



## SECTION 5

### Your signature

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

I am a:

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

**\*Delete as appropriate**

Signature:

Full Name:

Date:

## NEXT STEPS

Please enclose a copy of any notification of the decision you are complaining about which has been issued by the employer or administering authority. Also enclose any other information that is relevant to your dispute.

### PLEASE SEND THIS FORM TO:

#### Stage 1 of the internal dispute resolution process:

Your employer or former employers nominated representative.

#### Stage 2 of the internal dispute resolution procedure:

Nigel Inniss - [nigel.inniss@suffolk.gov.uk](mailto:nigel.inniss@suffolk.gov.uk) or post to the address below:

Assistant Director - Governance, Legal and Assurance (Monitoring Officer)  
Suffolk County Council  
Endeavour House  
8 Russell Road  
Ipswich, Suffolk  
IP1 2BX