

**Application under the Internal Dispute Resolution Procedure (STAGE 2)**

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

Wiltshire Pension Fund

**1. Member's details:**

If you are the 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 this box. You can then go straight to box 4.

If you are the member's dependant (for example, their husband, wife, civil partner, cohabitee or child), please give the member's details in this section, and then go to box 2.

If you are representing the person with the complaint, please give the member's details in this section, and then go to box 2.

Full Name	
Date of Birth	
Address	
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 in this box and then go to box 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 box 3.

Full Name	
Date of Birth	
Address	
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 letters should be sent to	

### 4. Your complaint

Please give full details of your complaint 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.

## 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

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 administering authority. Also enclose any other letter or notification that you think might be helpful.

### **PLEASE SEND THIS FORM TO:**

Michael Hudson,  
Associate Director – Finance,  
Wiltshire Council,  
County Hall,  
Bythesea Road,  
Trowbridge

BA14 8JN