

Application under the internal dispute resolution procedure (IDRP)

You can use this form:

- a) to 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) to apply to the administering authority if you want them to reconsider a determination made by the nominated person.

If applicable please write clearly in ink, and use capital letters in sections 1, 2 and 3.

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 section. You can then go straight to section 4.

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

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

Full name:	
Address:	
	Post code:
Date of birth:	
Employer:	
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 section 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 section and then go to section 3.

Name:	
Address:	
	Post code:
Date of birth:	
National insurance number:	

3) Representative's details:

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

Name:	
Address:	
	Post code:
Address response letter should be sent to:	
	Post code:

4) Your complaint

Please give full details of your complaint in this section. 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.

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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

Signed:	Date:
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6) Please 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:

Stage 1 of the internal dispute resolution process:

Please contact your (former) employer's pension/payroll/personnel officer to obtain the nominated person's title and relevant address.

Stage 2 of the internal dispute resolution procedure:

Postal Address: West Midlands Pension Fund, PO BOX 3948, WOLVERHAMPTON WV1 1XP

Email address: DMT@wolverhampton.gov.uk

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