

**Stage 1- Internal Dispute Resolution Procedure form**



**If you require this information in an alternative language or another format such as large type, audio cassette or Braille, please contact the Pensions Help & Information Line on 01609 536335**

Please read the ‘Guide to the Internal Dispute Resolution Procedure’ before completing the form. If you wish to proceed please complete the following details (in **capitals**).

**Section 1: This section must be completed**

**Member Details**

|  |  |
| --- | --- |
| Member’s full name |  |
| Title |  | Date of birth: |  |
| National Insurance Number |  |
| Payroll Reference number |  |
| Personal email |  |
| Home address & postcode: |  |

**Section 2 - Complete this section if the complaint is about a dependant’s benefit**

**Dependant’s Details**

|  |  |
| --- | --- |
| Dependant’s full name |  |
| Title |  | Date of birth: |  |
| National Insurance Number |  |
| Relationship to member |  |
| Personal email |  |
| Home address & postcode |  |

**Section 3 – Complete this section if you wish to have a representative for your complaint**

**Representative’s Details**

|  |  |
| --- | --- |
| Representative’s full name |  |
| Title: |  |
| Personal email |  |
| Home address & postcode |  |
| Whose address should the letters go to? | You as the representative The person you are representing  |
| **I authorise the above named to represent me. The member must sign this section**

|  |  |
| --- | --- |
| Member’s signature |  |

 |

**Section 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.

**Section 5 - Your signature**

**This section must be completed**

|  |  |
| --- | --- |
| 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 |  |

**Section 6 - Further information**

Please enclose a copy of any notification from your employer or administering authority regarding the decision you are complaining about. Also enclose any other letter or notification that you think might be helpful.

**Please send this form to:**

North Yorkshire Pension Fund

County Hall

Northallerton

North Yorkshire

DL7 8AL

Or email your documents securely to pensions@northyorks.gov.uk