



**Staffordshire
Pension Fund**
Local Government Pension Scheme

Independent Dispute Resolution Procedure (IDRP) Application Form

This form is to be used by a member, or their dependant or representative to make a formal complaint to either the member's former employer or to Staffordshire Pension Fund

please refer to the form on the following pages

Local Government Pension Scheme Internal Dispute Resolution Procedure (IDRP) Application

You can use this form:

- a. To apply to the nominated person (adjudicator) at Stage 1 of the IDRP if you want them to investigate a complaint concerning your pension; and
- b. To apply to the Administering Authority (Staffordshire Pension Fund) at Stage 2 of the IDRP if you want them to reconsider a determination made by the adjudicator.

About the Complaint (Please fill in this part in all cases)

Who is the complaint against:

- ☐ The following Scheme employer
- ☐ Staffordshire Pension Fund

Please specify the stage you are making the application under

- ☐ Stage One
- ☐ Stage Two

1. Scheme Member's details (Please fill in this part in all cases)

If you are the Scheme member (the person who is or was in the LGPS) or entitled to a pension credit (i.e. a person entitled to a share of a pension Scheme member's benefits following divorce or dissolution of civil partnership) please give your details, in block capitals, in the box below. You can then go straight to question 4.

If you are the Scheme member's dependant (for example - husband, wife, civil partner or child) or if you are representing the person with the complaint, please give the Scheme member's details in the box below and then complete question 2 before moving to question 4.

If you are representing the person with the complaint, please give the Scheme member's details in the box below and then complete question 3 before moving to question 4.

| | |
|-----------------------------------|--|
| Full name: | |
| Address: | |
| | |
| Email: | |
| Telephone Number: | |
| Date of birth: | |
| Scheme employer: | |
| Pay Reference / Job Title: | |
| NI Number: | |

2. Dependant's details:

If you are the member's dependant and the complaint is about a benefit for you, give your details in this box. If the complaint is about a benefit for a dependant and you are the dependant's representative, give the dependant's details in this box, then complete question 3.

| | |
|--------------------------------|--|
| Full name: | |
| Address: | |
| | |
| Email: | |
| Telephone Number: | |
| Date of birth: | |
| Relationship to member: | |

3. Representative's details:

If you are the member's or dependant's representative, give your details in this box:

| | |
|---|--|
| Full name: | |
| Address: | |
| | |
| Email: | |
| Telephone Number: | |
| Address to which letters should be sent: | |
| | |
| Relationship to member: | |
| Please send evidence of your authority to act for the member or dependant | |

4. Your complaint:

Please give full details of your complaint in this box. Try to explain exactly why you are aggrieved, giving any dates or periods of LGPS membership that you think are relevant. If there is not enough space, continue details on to a separate sheet (with your name and address at the top). Then attach it to this form with any supporting documents, for example any notification you received from your employer or the administering authority regarding the decision about which you are complaining, together with any other letter or notification you think might be helpful:

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5. Your request and signature:

| | |
|--|--|
| <p>I would like my complaint to be investigated and a decision made.</p> | |
| <p>I am a <i>(tick one relevant box)</i></p> | <p><input type="checkbox"/> <i>Scheme member / former member / prospective member</i></p> <p><input type="checkbox"/> dependant of a former Scheme member</p> <p><input type="checkbox"/> Scheme member's representative</p> |
| <p>Signed:</p> | <p>Date:</p> |

6. Appeal against a decision to refuse ill health retirement

If your appeal relates to a refusal to agree ill health retirement, the adjudicator will require access to relevant records held by the Occupational Health Unit in order to have the full and comprehensive data on which to make a decision.

The adjudicator will contact you under separate correspondence to obtain your consent to access your medical records.

IMPORTANT: PLEASE KEEP A COPY OF THE COMPLETED FORM FOR YOUR OWN RECORDS.

Please send this form to:

Stage 1 of the internal dispute resolution procedure

If your stage 1 appeal is against your Scheme employer, please send to the Personnel Department of your current employer in the first instance. They will notify you of the nominated person who will consider your appeal.

If your stage 1 appeal is against the Administering Authority, please send the form to the Assistant Director for Treasury & Pensions.

Stage 2 of the internal dispute resolution procedure

All Stage 2 appeals should be sent to:

Assistant Director of Treasury and Pensions, Staffordshire Pension Fund, 1 Staffordshire Place, Tipping Street, Stafford, ST16 2LP

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