



Internal Dispute Resolution Procedure (I D R P) Form

Please tick one of the two statements below			
I am appealing under Stage 1 of the IDRP		<input type="checkbox"/>	
OR			
I am appealing under Stage 2 of the IDRP and can confirm that I have been through Stage 1 of the IDRP and enclose a copy of the Stage 1 determination.		<input type="checkbox"/>	
Section 1 – Member personal information			
If you are the member (the person who is or was in the scheme) please give your personal information below, then go straight to section 4. If you are the members dependent (for example husband, wife, civil partner, child or representative), please give the member's information below and then fill in sections 2 and 3).			
Surname		Title	
Forename(s)		Date of Birth	
National Insurance No.		Phone number	
Home address			
Email address			
I confirm that by giving my email address, I freely agree to Shropshire County Pension Fund emailing me about my pension and using the data to contact me about my pension account. (You do not have to give an email address but, if you do not, this means we will not be able to contact you with information about your pension. You will also not be able to register to view your pension account online, including your annual benefit statement and a paper copy must be requested. For more information on what the fund does with your personal data, please see our privacy notice on our website .)			
Employer			
Job Title		Post No	

Section 2 – Dependent's personal information

If you are the member's dependent and the claim is about a benefit for you, please give your personal information below and then go to section 4.

Surname		Title	
Forename(s)		Date of birth	
National insurance		Phone number	
Relationship to			
Home address			

Section 3 - Representative information

If you are the member's or dependent's representative, please give your contact information here and go to section 4.

Full name		Title	
Relationship to			
Home address			
Phone number			
Whose address should the letters go to?			

Section 4 – Your complaint

Please continue on a separate sheet of paper if needed and include a signed copy of any letter from your employer or administering authority about the decision you are complaining of, together with other information or evidence which you think might be helpful.

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Section 5 – Sign and date

I confirm that I have read the IDRPs booklet and understand the process for making an appeal.

Full name

Signature

Date

Returning your form

Please ensure that you submit this form to the organisation that **made** the decision which you are appealing against. This will be either your employer or Shropshire Council as the fund's administering authority. You must send a copy of the decision letter you have received with this form.

First stage: If you are applying to Shropshire Council as administering authority under the first stage of the procedure, the appointed person is: Head of Pensions- LGPS Senior Officer, Shropshire Council, Shirehall, Abbey Foregate, Shrewsbury, SY2 6ND.

Second stage: If you are applying to the administering authority under the second stage of the procedure, the appointed person is: Assistant Director – Legal and Governance, Shropshire Council, Shirehall, Abbey Foregate, Shrewsbury, SY2 6ND.

The Shropshire County Pension Fund is a data controller under Data Protection legislation. This means we store, hold and manage your personal data in line with statutory requirements to enable us to provide you with pension administration services. To enable us to carry out our statutory duty, we are required to share your information with certain bodies, but will only do so in limited circumstances. For more information about how we hold your data, who we share it with and what rights you have to request information from the fund, please visit www.shropshirecountypensionfund.co.uk.