



**Internal Dispute Resolution Procedure
Stage One Application**

Please use this form if you have a complaint relating to any aspect of the Fund. If you wish, you can nominate a representative to make an application on your behalf or to assist you with your application, please complete section 3 to indicate if this is the case.

Section 1 - Complainant's details

Full name _____

A complaint can be made by, or on behalf of, any person within one of the categories listed below. Please tick one box to indicate which category applies:

- Fund member (i.e. still at work with an employer that participates in the Fund)
- Pensioner (i.e. no longer at work with an employer that participates in the Fund but in receipt of a pension from the Fund)
- Deferred pensioner (i.e. no longer at work with an employer that participates in the Fund but not yet in receipt of a pension from the Fund)
- Widow/widower* of a deceased member * (please delete as appropriate) or
- Dependant of a deceased member
- Prospective Member
- Ceased to be one of the above within the last six months

if so, which? _____

under what circumstances? _____

- A representative of any of the above

if so, which? _____

Address _____

Postcode _____

Date of birth _____

If this application relates to the Complainant's own membership of the Fund, please fill in the Complainant's National Insurance Number below.

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If this application relates to the Complainant's relationship to a Fund member who has died please now complete Section 2.



Section 2 - Details of Member who has died

Full name

Address

Postcode

Date of birth

National Insurance number
(if known)

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Relationship to Complainant

Section 3 - Representation

Please indicate whether you are applying on your own behalf, or are nominating a representative to act on your behalf or to assist you:

- Own behalf (Please now complete Section 5)
- With the assistance of a Representative (Please now complete Section 4)
- Nominating a Representative to act on my behalf (Please now complete Section 4)

Section 4 - Details of Representative (if applicable)

Full name

Address

Postcode

Daytime telephone number

Nature of profession

Trade Union (if any)

Relationship to Complainant
(if any)

Section 5 – Attendance at meetings

Please indicate whether you and / or any representative wish to attend the next available meeting with the Head of Pensions to provide evidence in person:

	Complainant	Representative
Wish to attend	<input type="checkbox"/>	<input type="checkbox"/>
Do not wish to attend	<input type="checkbox"/>	<input type="checkbox"/>

Section 6 – Release of Information

Please indicate whether you wish to receive copies of the appropriate documentation held by the Fund which is being considered and any correspondence with any representative you may have nominated:

Yes No

Please indicate whether you give your consent to release appropriate documentation held by the Fund to your Representative (if applicable):

I give my consent
I do not give my consent

If you are nominating a representative, you should sign and date this section of the application. If you are not able to sign this form, please attach a copy of a medical letter stating why you are unable to do so.

Signature

Date

Print name

Complainant

Section 7 – Nature of complaint

Please provide as much detail as possible about the disagreement that the Complainant has with the Trustee or Administrator of the Fund:

Is the member's complaint (or has it ever been) the subject of proceedings in any Court, Tribunal or before the Pensions Ombudsman?

Court/Tribunal

Pensions Ombudsman

Not applicable

(Please use the continuation sheet provided if you need more space, if you use continuation sheet(s) please indicate the number of additional sheets attached to this application)

Section 8 – Signature

Please sign and date this application. If you are not able to sign this form, please attach a copy of a medical letter stating why you are unable to do so.

Signature

Date

Print name

Complainant / Representative*

**Delete as applicable*

Please send the completed form to The Fund Secretary at TfL Pension Fund, Wing over Station, 55 Broadway, London SW1H 0BD



Acknowledgement of application to Head of Pensions

Name of Claimant

Reference number

(Please quote this number on all correspondence relating to this application)

Date of the next available
meeting with Head of Pensions

Thank you for your application to the Head of Pensions under the Internal Dispute Resolution Procedure.
The matter is now receiving our attention.

Date of receipt by Fund Secretary

Application to Head of Pensions

Nature of complaint – continuation sheet

Name of Claimant

Application to Head of Pensions

Nature of complaint – continuation sheet

Name of Claimant
