



Application under the Internal Dispute Resolution Procedure (IDRP)

Use this form to apply under Stage One or Stage Two of the procedure.

Please read the Internal Dispute Resolution Procedure guidance before completing the form. Before using IDRP be certain that to do so is the appropriate route for your appeal. The IDRP does not apply to 'exempted disputes'. These are disputes where:-

- a notice of appeal to the board of medical referees has been issued by the complainant under the rules of a Firefighter's Pension Scheme or the Firefighters' Compensation Scheme (appeal against opinion on a medical issue), or
- proceedings have commenced in any court or tribunal, or
- where the Pensions Ombudsman has commenced an investigation into it.

Issues should be raised normally within six months of the day when you were told of the decision you want to complain about.

This application is made under	Stage One	<input type="checkbox"/>	
	Stage Two	<input type="checkbox"/>	
Section 1 – Member's Details			
Surname		First Name(s)	
Title		National Insurance Number	
Home address		Telephone number	
		E-mail	
Section 2 - Dependant's Details			
Surname		First Name(s)	
Title		National Insurance Number	
Home address		Telephone number	
Relationship to member		E-mail	

Section 3 - Representative's Details

Surname		First Name(s)	
Title		National Insurance Number	
Home address		Telephone number	
		E-mail	
Whose address should the letters go to?		You as the representative <input type="checkbox"/>	
		The person you are representing <input type="checkbox"/>	
I authorise the above named to represent me		Member's signature	

Section 4 – Your complaint

Please give full details of your complaint in this box, including any dates or periods of Scheme membership that you think are relevant.

Please use a separate sheet if necessary and attach to this form, and write your name and National Insurance Number at the top of any separate sheet.

Section 4 – Your complaint continued....

Section 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.....

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:

Pensions Manager
Human Resources Department
Essex County Fire & Rescue Service
Service Headquarters
Kelvedon Park
Rivenhall
Witham
Essex CM8 3HB
mailbox.pensions@essex-fire.gov.uk