



Dispute Resolution Application Form (Stage two)

Please use this form to: apply to the adjudicator at stage two of the internal dispute resolution procedure if you want them to investigate a complaint concerning your pension;		
YOUR EMPLOYER/FORMER	R EMPLOYER	
My disagreement is with a dec (tick one box only)	cision made by -	
The employer named ab	ove East Sussex Pension Fund	
1. Member's details (to be completed in all cases)		
Full Name		
Address		
Date of Birth		
National insurance number		
2. Dependant's details: If you are the member's deputyour details here.	pendant and the complaint is about a benefit for you, please give	
Full Name		
Address		
Date of Birth		
Relationship to member		
3. Representative's details If you are the member's or or	: dependant's representative, please give your details in this box.	
Full Name		
Address		
The address response		





4. Your complaint

Please give full details of your complaint below. Please try to explain exactly why you are unhappy, giving any dates or periods of scheme membership that you think are relevant.		





5. Your signature

I would like my complaint to be considered and a decision to be made about it.

I am the (* delete as appropriate)

Scheme member/former member/prospective member *
Dependant of a former member *
Member's representative/dependant's representative *

I am dis-satisfied with the decision of the adjudicator under stage one of the dispute resolution procedure and request that East Sussex County Council as the administering authority review the decision.

Signed:	Date:

Please remember to enclose a copy of any notification of the decision you are complaining of which has been issued by the employer East Sussex County Council or the adjudicator under stage one of the dispute procedure. Also enclose any other letter or notification that you think might be helpful.

PLEASE SEND THIS FORM TO:

Mr Philip Baker

Assistant Chief Executive
East Sussex County Council
County Hall,
St Anne's Crescent
Lewes
East Sussex
BN7 1UE