



# Internal Dispute Resolution – Stage 1 Application Form

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## Internal Dispute Resolution Procedures Appeal to the Administrator

Please use this application form if you want to apply to Civil Service Pensions for the first stage of the Internal Disputes Resolution procedures.

Address:

**Civil Service Pensions**  
**Capita Pension Solutions**  
**PO Box 713**  
**Darlington**  
**DL1 9JZ**

Telephone number: **0300 123 6666**

Please return this form to the above address, together with any evidence you would like to be considered as part of the investigation.

If you wish to know more about the disputes process, you can speak to your pensions administrator. You can also visit the Scheme website at  
**[www.civilservicepensionscheme.org.uk](http://www.civilservicepensionscheme.org.uk)**

At the end of the process you will receive a written explanation of the decision we have made, this is called a "determination".



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## Your details

**Name**

**Address**

**Postcode**

**Email address (see note below)**

**Date of birth**

**National Insurance (NI) number**

**Scheme member number (if known)**

You can ask someone such as a family member, friend or Trade Union representative to take your appeal forward. If you choose to have a representative, please give their details below.

**Name**

**Address**

**Postcode**

**Email address (see note below)**

**Nature of relationship to member:**  
(Example son, Trade Union  
representative)

## Correspondence

Where do you want us to send your correspondence? (please tick box)

**Your address only**

**Your representative's address only**

**Both addresses**

**Would you like to correspond by email?**

**YES**

**NO**

**If YES, please confirm your  
email address(es).**

**Please note:** If you request communication by email, the information provided may include personal details and may be sent over an insecure network. By selecting YES, you are giving us your authority to contact you at the email address(es) you have provided.



## Details of your complaint

**Please give the details of your disagreement.**

**Please say what you want done to put matters right.**

**(If not completing this form electronically, use additional sheets as required).**

## Details of financial loss

**If you think that the matter you are complaining about has caused you to suffer a financial loss, please give details below:**

## Supporting documents

It would assist the investigation if you could provide copies of any documents you have that relate to this complaint.

Document attached/enclosed	YES	NO
Number of documents attached:	<input type="text"/>	

## Consent

Please tick one of the following:

**I consent to Civil Service Pensions approaching my employer or a third party for any information relevant to my dispute:**

Or

**I do not consent to Civil Service Pensions approaching my employer or a third party for any information relevant to my dispute:**

**Please note:** Approaching one of the above parties may be needed for a thorough investigation of your complaint. If you withhold your consent for Civil Service Pensions to see your papers it may affect the outcome of your appeal.

**I give my consent for**   
**to act as my representative.**

**Representative's consent:**

I

**agree to act on behalf of**

**Representative's signature**

**Date**

**I apply for a determination of my complaint under the first stage of the Internal Dispute Resolution procedures.**

**Member's signature**

**Date**