



Falkirk Council
LOCAL GOVERNMENT PENSION SCHEME
STAGE ONE - APPEAL APPLICATION FORM

Under the scheme rules, you can have your appeal heard by the Chief Pensions Officer, Strathclyde Pension Fund, who has been appointed by Falkirk Council to consider such cases. Alternatively, if your appeal relates to a decision taken by your employer, you can have your appeal heard by the person your employer has named to consider such complaints (or by the Chief Pensions Officer at the Strathclyde Pension Fund). Your employer will be able to advise of the name of the person who will hear your appeal if you decide to have it heard locally.

1. MEMBER'S DETAILS:

If you are the member (the person who is or was in the scheme) please give your details in this box. You can then go straight to the other side of the form and ignore the other boxes on this side.

If you are the member's dependant (for example husband, wife or child) or if you are representing the person with the complaint, please give the members details in this box, then go on to the next box.

NAME:			
ADDRESS:			
DATE OF BIRTH:		NATIONAL INSURANCE NUMBER:	
EMPLOYER:			

2. DEPENDANT'S DETAILS:

If you are the member's dependant and the complaint is about a benefit for you, please give your details in this box. If the complaint is about a benefit for a dependant and you are the dependant's representative please give the dependant's details in this box.

NAME:			
ADDRESS:			
DATE OF BIRTH:			
RELATIONSHIP TO MEMBER:			

3. REPRESENTATIVE'S DETAILS:

If you are the member's or dependant's representative, please give your details in this box:

NAME:			
ADDRESS:			
WHOSE ADDRESS SHOULD LETTERS GO TO?			

4. YOUR COMPLAINT:

Please give full details of your complaint in this box. Please try to explain exactly why you are aggrieved, giving any dates or periods of scheme membership that you think are relevant. If there is not enough space please go on to a separate sheet, writing your name and national insurance number, or if you are not the member, the member's name and national insurance number, at the top and attach the extra sheet to this form.

5. YOUR SIGNATURE:

I wish my appeal to be considered by:		tick one box only
Person A - the person nominated by my employer to hear such appeals	<input type="checkbox"/>	
Person B - the Chief Pensions Officer at Strathclyde Pension Fund	<input type="checkbox"/>	
<small>(If your appeal is against a decision made by your employer, you can appeal to either Person A or B. If your appeal is for some other reason then you can only appeal to Person B).</small>		
I confirm that I am:	- the scheme member/ a prospective member / a former member *	
	- a dependant of the member *	
	- the member's representative / the dependant's representative *	
<small>*delete as appropriate.</small>		
Signed:	Date:	

Please enclose a copy of any notification you got from your employer (or Falkirk Council) about the decision you are complaining of, together with any other information that you think might be helpful. In the first instance, please return this form and any enclosures to the Pensions Section, PO Box 14882, Falkirk Council, Municipal Buildings, Falkirk, FK1 5ZF.