Internal Dispute Resolution Procedure Application to the Head of Policy

You can use this form to ask the Head of Policy to review your case. These procedures should **not** be used if:

- Either the Pension Ombudsman or the Scottish Public Service Ombudsman started investigations into the dispute referred to them; or
- The disagreement has led to court or tribunal proceedings being started.

Do you have related tribunal proceedings, or investigations being undertaken by the Pensions Ombudsman or Scottish Public Services Ombudsman in relation to your dispute? Please tick the appropriate box below:

Yes ☐ No ☐

1. Name of pension scheme (tick where applicable)

NHS ☐ Teachers ☐ Police ☐ Firefighters ☐

2. Applicant's details (this information must be supplied in all cases)

Superannuation number (if applicable)	
Surname	
Former surname(s) (If applicable)	
Forename(s)	
Date of birth	/ /
National Insurance number	
Contact Address	
	Post Code
Telephone Number	
Email address	
Employer	

3. Representative's details

If you are appointing someone to represent you, please include their details here (please note that if someone is acting on your behalf, we will only correspond directly with them).

Surname	
Former surname(s) (If applicable)	
Forename(s)	
Contact Address	
	Post Code
Telephone Number	
Email address	

Declaration: I authorise the above-named representative to act on my behalf, and for the SPPA to provide them with details of my benefits/membership held within the scheme relating to my dispute.

Signed	
Dated	/ /
Name (please print)	

4. Accessibility

Do you have any accessibility requirements for communication regarding your dispute, e.g. visual impairment. If so, what would your accessibility adjustment consist of e.g. large text etc?
While we may not be able to meet all accommodations we will endeavour to make adjustments where possible.

5. Your Status (please read this section and tick the correct box)

I would like the Head of Policy to investigate my dispute and give a determination on behalf of the Scottish Ministers.

I am the:

Scheme member	☐
Prospective scheme member	☐
Former scheme member	☐
Dependant of a scheme member	☐

6. Your dispute

You have six months from the date of the decision you are disputing to make a formal request to the Head of Policy under IDRP.

Please give details of your dispute in the box below and explain

- The background to your appeal
- Why you disagree with the original decision

If there are any documents from the SPPA, your employer or any other sources which you think might support your IDRP appeal, include the details below or attach separately.

Should you require more space to, please feel free to include your dispute on additional documents.

If you use a separate piece of paper please write your name, National Insurance number and superannuation number on each sheet.

Please also ensure that you complete **Section 7** of this form, “What action you would like taken to put things right.”

7. What action you would like taken to put things right.

8. Please sign and date below:

Signed	
Dated	☐☐ / ☐☐ / ☐☐☐☐

Please return this form to:

Head of Policy
Scottish Public Pensions Agency
7 Tweedside Park
Tweedbank
Galashiels
TD1 3TE

Email: IDRPapplications@gov.scot