**We are sorry that you have felt the need to raise a complaint or dispute. Please use the below boxes to help us deal with your complaint appropriately:**

 **About the Complaint or Dispute Please indicate (X)**

|  |  |
| --- | --- |
| **Is the complaint about the service you have experienced?** |  |
| **Is the dispute about a decision made by an employer?** |  |
| **Is the dispute about a decision made by LPP?** |  |

**1. Member's details:**

If you are the member (the person who is or was in the Scheme), or a prospective member (a person who is eligible to be a member of the Scheme), please give your details in this section. You can then go straight to section 4.

If you are representing the person with the complaint, please give the member's details in this section, and then go to section 2.

If you are the member's dependent (for example, their husband, wife or child), please give the member's details in this section, and then go to section 2.

|  |  |
| --- | --- |
| Full Name |  |
| Address |  |
| Postcode |  |
| Email Address |  |
| Contact number |  |
| Date of Birth |  |
| Employer |  |
| National Insurance number |  |

**2. Dependent’s details:**

If you are the member's widow, widower, civil partner or dependent and the complaint is about a benefit for you, please give **your** details in this section and then go to section 4.

If the complaint is about a benefit for a dependent and you are the dependent’s representative, please give the dependent’s details in this section and then go to section 3.

|  |  |
| --- | --- |
| Full Name |  |
| Address |  |
| Postcode |  |
| Email Address |  |
| Contact Number |  |
| Date of Birth |  |
| Relationship to member |  |

**3. Representative's details:**

If you are the member's or dependent’s representative, please give your details in this section.

|  |  |
| --- | --- |
| Full Name |  |
| Company Name (if applicable) |  |
| Address |  |
| Postcode |  |
| Email Address |  |
| Contact Number |  |
| The address response letters should be sent to |  |

**4. Your complaint**

Please give full details of your complaint in this section. Please try to explain exactly why you are unhappy, 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 and attach it to this form**. Remember to write your name and national insurance number at the top of any separate sheets if you are a member. Or, if you are not a member, put the member's name and national insurance number at the top of any separate sheets.

**5. Resolution**

An indication of how you would like your complaint resolved.

**6. 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 \*

• Dependent of a former member \*

• Member's representative/dependent’s representative \*

\* delete as appropriate

Signed: Date:

**Please send this form to:**

Email:

(marked FAO Complaints & Appeals Administration Lead) to LPPA.Complaints@localpensionspartnership.org.uk

Or by post (marked FAO Complaints & Appeals Administration Lead)

**Lancashire LGPS**

**LPP - Your Pension Service**
**PO Box 1381**
**Preston**
**PR2 0WP**

#### Cumbria LGPS

**LPP - Your Pension Service**
**PO Box 1382**
**Preston**

**PR2 0WQ**