

## Service Document Standard Form:

### IDRP Application Form

*Linked documents: Internal Dispute Resolution Procedure*



**Bedfordshire**  
Fire and Rescue Service

### Introduction:

The Internal Dispute and Resolution procedure (IDRP) is a process that can be used when an individual is not satisfied with a decision made regarding their pension. Please complete the attached form, providing as much information as possible on the complaint being raised.

This complaint may not be dealt with under the IDRP process if the Pensions Ombudsman has started investigating this complaint or court or tribunal proceedings have begun. By signing and returning this form, you are confirming that no investigation or proceedings have commenced.

You will receive an acknowledgement of your complaint and will be advised of the individual nominated to investigate this matter.

Please refer to the IDRP procedure for more information about what happens next.

### 1: Complainant's details

Forename:	
Surname:	
Role:	
Home address:	
Contact details: <i>(phone &amp; email)</i>	
Date of birth:	
National Insurance Number:	
If complainant is not a Scheme member	
Relationship to complainant:	

### 2: Confirmation of application stage *(please indicate)*

Stage one:	
Stage two:	

*This information is held for organisational and legal reasons and will be retained for only as long as necessary*

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**3: Nature of disagreement**

*Please provide a statement of the nature of the disagreement with sufficient details to show why aggrieved. If necessary, continue details onto another page and attach the application form with any supporting documents. (Stage 2 appeal only: Please provide details of the reasons for your dissatisfaction with the decision already made and notified to you.)*

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**4: Any other information in support of this application:**

*Include any additional information not mentioned elsewhere*

**Complainant's declaration:**

I declare the above information to be correct and will notify the Investigating Officer should any changes occur

Name:	
Date:	
Signed:	

**Administration:**

Action:	Date:
Date information received:	
Individual nominated to investigate complaint:	
Date confirmation letter sent to individual:	
Date IDRP completed:	
Date outcome letter sent to individual:	

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