



**Internal Dispute Resolution Procedure  
Stage One Application**

Please use this form if you have a complaint relating to any aspect of the Fund. If you wish, you can nominate a representative to make an application on your behalf or to assist you with your application, please complete section 3 to indicate if this is the case.

**Section 1 - Complainant's details**

Full name \_\_\_\_\_

A complaint can be made by, or on behalf of, any person within one of the categories listed below. Please tick one box to indicate which category applies:

- Fund member (i.e. still at work with an employer that participates in the Fund)
- Pensioner (i.e. no longer at work with an employer that participates in the Fund but in receipt of a pension from the Fund)
- Deferred pensioner (i.e. no longer at work with an employer that participates in the Fund but not yet in receipt of a pension from the Fund)
- Widow/widower\* of a deceased member \* (please delete as appropriate) or
- Dependant of a deceased member
- Prospective Member
- Ceased to be one of the above within the last six months

if so, which? \_\_\_\_\_

under what circumstances? \_\_\_\_\_

- A representative of any of the above

if so, which? \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Date of birth \_\_\_\_\_

If this application relates to the Complainant's own membership of the Fund, please fill in the Complainant's National Insurance Number below.

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If this application relates to the Complainant's relationship to a Fund member who has died please now complete Section 2.

## Section 2 - Details of Member who has died

Full name

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Address

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Postcode

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Date of birth

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National Insurance number  
(if known)

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Relationship to Complainant

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## Section 3 - Representation

Please indicate whether you are applying on your own behalf, or are nominating a representative to act on your behalf or to assist you:

Own behalf  (Please now complete Section 5)

With the assistance of a Representative  (Please now complete Section 4)

Nominating a Representative to act on my behalf  (Please now complete Section 4)

## Section 4 - Details of Representative (if applicable)

Full name

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Address

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Postcode

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Daytime telephone number

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Nature of profession

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Trade Union (if any)

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Relationship to Complainant  
(if any)

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## Section 5 – Attendance at meetings

Please indicate whether you and / or any representative wish to attend the next available meeting with the Head of Pensions to provide evidence in person:

	Complainant	Representative
Wish to attend	<input type="checkbox"/>	<input type="checkbox"/>
Do not wish to attend	<input type="checkbox"/>	<input type="checkbox"/>

## Section 6 – Release of Information

Please indicate whether you wish to receive copies of the appropriate documentation held by the Fund which is being considered and any correspondence with any representative you may have nominated:

Yes  No

Please indicate whether you give your consent to release appropriate documentation held by the Fund to your Representative (if applicable):

I give my consent

I do not give my consent

If you are nominating a representative, you should sign and date this section of the application. If you are not able to sign this form, please attach a copy of a medical letter stating why you are unable to do so.

Signature

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Date

Print name

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Complainant

## Section 7 – Nature of complaint

Please provide as much detail as possible about the disagreement that the Complainant has with the Trustee or Administrator of the Fund:

Is the member's complaint (or has it ever been) the subject of proceedings in any Court, Tribunal or before the Pensions Ombudsman?

Court/Tribunal

Pensions Ombudsman

Not applicable

(Please use the continuation sheet provided if you need more space, if you use continuation sheet(s) please indicate the number of additional sheets attached to this application )

## Section 8 – Signature

Please sign and date this application. If you are not able to sign this form, please attach a copy of a medical letter stating why you are unable to do so.

Signature

Date

Print name

Complainant / Representative\*

*\*Delete as applicable*

## Section 9 – Data Protection Statement

**Please read before completing and signing this form.**

**If you have nominated a representative to act on your behalf or to assist you, they will also need to read and sign this form.**

When this form is completed, it will contain personal information about yourself and this information is known as “personal data” (because it is personal information about living individuals).

The Trustees of the Fund are a “data controller” of personal data held in respect of the Fund and, as such, are responsible for meeting legal requirements in relation to that personal data. More information about the way the Trustees process personal data is available on the Fund website, which can be found online at [www.tfl.gov.uk/pensions](http://www.tfl.gov.uk/pensions)

Some of the information provided may be “sensitive personal data” (also known as “special categories of personal data”) because it relates to your health and/or relationships with other people and so could relate to your sex life or sexual orientation.

If any sensitive personal data is provided when completing this form, the Trustees will need your explicit consent in order to use that sensitive personal data. To give that consent you need to read this statement carefully, ensure you are comfortable with the acknowledgments made below and then sign and date this form. Please return it to the Fund Office.

You have the right to withdraw consent to the Trustees using the sensitive personal data specified in this form at any time. However, if consent is withdrawn, this will not affect the processing of any personal data which took place beforehand.

If you wish to exercise your right to withdraw your consent, or if you have any queries about completing this form, please contact the Fund Office.

You may have included information about other people when completing this form. If you have, please inform any people you have mentioned that you have passed their personal data to the Trustees, and provide them with a copy of this Data Protection Statement. You should also notify them that they can contact the Trustees if they have any concerns about the way that their personal information is being used.

## Your acknowledgement and consent

I confirm that I have read and understood the information set out above before completing and signing this form.

I understand that the information provided on this form includes personal data (and may include sensitive personal data) about me and possibly others. I understand that the Trustees will use the above information for the purpose of processing the complaint and give my consent to the Trustees to the extent that is required.

I have informed any people mentioned on this form that their personal data is being provided to the Trustees, and I have given them a copy of this Data Protection Statement.

I acknowledge that the Trustees may disclose the information contained in this form to such of the Trustees' professional advisers (including administrators, the Fund's independent medical adviser, actuaries, auditors, lawyers and my employer) and my representative (if any) as the Trustees decide and give my consent to the Trustees to the extent it is required.

I also understand and acknowledge that the information that I am providing will be retained by the Trustees for as long as necessary to enable them to process the complaint, to deal with any queries that may arise in respect of those benefits or decisions relating to it, and in order to ensure the proper administration of the Fund.

## YOUR DECLARATION

By signing this form, I give the acknowledgements and consent (to the extent required) set out in the Data Protection Statement.

Signature

Date

Print name

Complainant

## YOUR REPRESENTATIVE'S DECLARATION

By signing this form, I also give the acknowledgements and consent (to the extent required) set out in the Data Protection Statement.

Signature

Date

Print name

Representative

**Please send the completed form to The Fund Secretary at**

**TfL Pension Fund  
4<sup>th</sup> Floor  
200 Buckingham Palace Road  
London  
SW1W 9TJ**



## **Acknowledgement of application to Head of Pensions**

Name of Claimant

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Reference number

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(Please quote this number on all correspondence relating to this application)

Date of the next available  
meeting with Head of Pensions

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Thank you for your application to the Head of Pensions under the Internal Dispute Resolution Procedure.  
The matter is now receiving our attention.

Date of receipt by Fund Secretary

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## Application to Head of Pensions

### Nature of complaint – continuation sheet

Name of Claimant

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## Application to Head of Pensions

### Nature of complaint – continuation sheet

Name of Claimant

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