

# Firefighters' Pension Scheme: Internal Disputes Resolution Procedure (IDRP)

## Stage Two Application

*If a person is dissatisfied with the decision of the Director of People and Organisation Development at Stage 1 of the IDRP, an application may be submitted by that person (or nominated representative) for the decision to be confirmed or replaced by the decision of Scheme Manager (Deputy Chief Fire Officer).*

### To the pensions Scheme Manager

1. I am applying for reconsideration of the decision of .....made under section 50 of the Pensions Act 1995. I understand that you will either confirm the decision or replace it.
2. I understand that an application may not be made where, in respect of the matter: A notice of appeal has been issued under Rule H2 of the Firefighters' Pension Scheme 1992, Part 8, rule 4 of the New Firefighters' Pension Scheme 2006 or Part 6, rule 2 of the Firefighters' Compensation Scheme 2006 (appeal to a board of medical referees against a decision on an issue of a medical nature), or
  - Proceedings in respect of this dispute have begun in any court or tribunal, or
  - The Pensions Ombudsman has commenced an investigation into a complaint or a dispute referred to him.
3. I attach a copy of the notice of the decision referred to in paragraph 1 and a statement of the reason(s) for dissatisfaction with that decision.

### Complete in all cases (in Block capitals)

<b>Full Name of Scheme Member</b>	
<b>Role and employment reference</b>	
<b>Address of Scheme Member</b>	
<b>Member's Date of Birth</b>	
<b>Member's National Insurance Number</b>	

### Complete if complainant is not a Scheme member (in Block Capitals)

<b>Full Name of Complainant</b>	
<b>Address for Correspondence</b>	

<b>Relationship of complainant to Scheme Member (if relevant)</b>	
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**Nature of disagreement**

*Give a statement of the nature of the disagreement with the decision made by the Director of People and Organisational Development.. If necessary, continue details on to another page and attach the application form with any supporting documents.*

**Signature of complainant (or representative) .....Date .....**