

Internal Dispute Resolution (IDR) Procedure

Application for a Determination

(Insert name of the scheme)

In pursuance of Article 5 of the Pensions Ombudsman Regulations, I hereby request a determination of my complaint/dispute as described below.

Name:	Staff Number:
Date of Birth:	Date of joining scheme:
Home address:	Telephone number:
Address for correspondence: (if different from above)	
Name and address of representative: (if using)	

Please fill out ***one or both*** of the following sections as much as possible to assist the Trustees to understand your complaint or dispute. Attach additional sheet if needed.

Brief description of complaint / dispute:

Approximate date(s) on which maladministration occurred:
Approximate amount of monetary loss:
Nature of resolution being sought:

Declaration:

I consent to any information being disclosed to the representative named above.

Signed: _____ **Date:** _____
Complainant

Please return this form in a sealed envelope to:

➤ The Trustees of the (Insert name of the scheme), c/o Independent Trustee Company Limited, Harmony Court, Harmony Row, Dublin 2.