

**Avon
Pension
Fund**



Your pension, your future

How to complain

Guidance notes for members

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Introduction

We have produced this leaflet to tell you about the complaints procedure for your Local Government Pension Scheme (LGPS) with Avon Pension Fund.

If you have a problem with your benefits, the query or complaint should be directed to either your employer or the Avon Pension Fund.

Your employer or the Avon Pension Fund will try to deal with the problem as quickly and efficiently as possible. Many problems that members have are, in fact, resolved in this way. They may be caused by misunderstandings or incorrect information, which can be explained or put right easily. An informal enquiry of this kind may save you a lot of time and trouble.

Who can complain?

You can use the complaints procedure if you are:

- A member: and, you are paying contributions into the LGPS, or you have retired and receive a pension from us, or you have left your benefits 'on hold' with us
- A prospective member: in other words, you are not a member yet, but could become one if your employer brings you in, or you ask to join
- A dependant: and, you are the widow, widower, surviving civil partner or a cohabiting partner or a child of a member or prospective member
- Any person whose rights or liabilities are affected by a decision made by a scheme members employer or by Avon Pension Fund. Your complaint should state your relationship to the scheme member and provide the scheme members full name and date of birth.

You can even use the complaints procedure if you think you should fall into one of the above categories, or you did so during the last six months.

Using someone else to represent you

You might feel happier with someone else representing you, or you may not be able to put your case yourself, for example because you are a child. In this case you can choose someone else to represent you. This can be whoever you like your husband, wife or partner, a friend, relative, solicitor, union rep, etc.

What you can complain about

Decisions

From the day you join the LGPS, various decisions are being made about your pension - both by your employer, and by us at the Avon Pension Fund.

Examples of decisions made by your employer include:

- Deciding whether you can retire on ill health grounds
- Deciding the pay we should use to work out your pension benefit

Examples of decisions made by the Fund include:

- Applying any discretions we have
- Explaining how you are affected by the various Scheme rules
- Working out your benefits

Whenever a decision is made about your pension, you should be told about it in writing.

Other complaints

You can also complain about other aspects of your pension, for example if you feel that you have not been given the information you need, or you think there has been an unreasonable delay in us paying your benefits.

Who do I complain to?

You should complain in writing to whoever you think is at fault - either your employer, former employer or to Avon Pension Fund. For complaints against your employer, please write to them directly.

For any grievance against Avon Pension Fund, please confirm the reason for writing together with relevant dates and any documents that relate to this. This will be reviewed and responded to by a senior officer at the Fund.

Please send your complaint to Avon Pension Fund, Bath & North East Somerset Council, Lewis House, Manvers Street, Bath, BA1 1JG

Stage 1 – Formal Complaint

Not in agreement with the response to your initial complaint

If you are not satisfied with the response you have received from Avon Pension Fund, the next step is to raise an Internal Dispute Resolution Procedure (IDRP) request.

Please use the form IDRP S1 at the end of this document, as it will help you include the right details. You must make this request within six months of being told of the decision or of the problem taking place. Your complaint can only be looked at later than this in exceptional cases.

What happens next?

The facts of your case will be reviewed, taking into consideration any relevant LGPS rules, and / or other legislation which may impact your case. You may be asked for more details, to help understand your case.

You should receive a written reply within four months of the date your complaint is received. We will acknowledge your IDRP request, and a secondary response will give you a decision.

The completed IDRP form should be sent to the Technical & Compliance Manager at Avon Pension Fund, Bath & North East Somerset Council, Lewis House, Manvers Street, Bath, BA1 1JG.

Stage 2 – Further Appeal

Taking your complaint further

If you are unhappy with the stage 1 decision, you have six months from receiving it to appeal to a stage 2 adjudicator who has been appointed by this Fund. You must make your stage 2 complaint in writing using form IDRP S2, enclosing a copy of the stage 1 decision with it.

You can go straight to a stage 2 appeal if:

- You have gone through stage 1 and have had an interim reply but no decision. In this case you can appeal after seven months of the expected decision date.
- You have gone through stage 1 and have had no decision or interim reply. In this case you have nine months from the date you made your stage 1 appeal.

What happens next?

The stage 2 adjudicator will re-examine your case, once again looking at the LGPS rules. The adjudicator may also need to ask you or your employer or former employer for more details, to understand your complaint.

The stage 2 adjudicator should reply to you within four months of receiving your complaint. This will be to either:

- Give you a decision, which will confirm or replace the stage 1 adjudicator's decision, or
- Acknowledge your complaint and explain when you will have a decision.

Stage 2 appeals will be reviewed by someone independent in the Fund, if previously reviewed by the Technical and Compliance manager.

Where to get outside help

MoneyHelper

MoneyHelper is available at any time to assist members and beneficiaries of the LGPS in connection with any difficulties you are having in sorting out your complaint.

MoneyHelper can provide free advice and information to explain your rights and responsibilities or may be able to help to resolve your complaint or dispute.

MoneyHelper can be contacted at;

Online enquiry: moneyhelper.org.uk

By telephone: 0800 011 3737

The Pensions Ombudsman (TPO)

The Pensions Ombudsman may investigate and determine any complaint or dispute of fact or law in relation to an occupational pension scheme such as the LGPS. Pension schemes and members must normally go along with the Ombudsman's decision unless it is overturned by the High Court. However, before contacting the Ombudsman, the Pensions Ombudsman's Office would normally expect you to have been given first-stage and second-stage decisions under the IDRP process.

For more information you should visit [The Pensions Ombudsman website](https://www.pensions-ombudsman.org.uk).

Telephone: 0800 917 4487

Disclaimer

The information in this Factsheet applies to individuals who were contributing members of the Local Government Pension Scheme on 1 April 2014 or who have since joined. The Factsheet was up to date at the time of publication. This Factsheet is for general use and cannot cover every personal circumstance nor does it cover specific protected rights that apply to a very limited number of employees. In the event of any dispute over your pension benefits, the appropriate legislation will prevail as this leaflet does not confer any contractual or statutory rights and is provided for information purposes only.

October 2025

Stage 1 Disagreement form *(Must be made within 6 months of Initial Decision)*

IDRP S1

EMPLOYER / FORMER EMPLOYER: _____

1. ABOUT YOUR DISAGREEMENT

(Please fill in this part in all cases)

Who is your disagreement against? *(Please tick one box)*

The Employer named above ☐

Avon Pension Fund ☐

2. MEMBER DETAILS

(Please fill in this part in all cases)

SURNAME: _____ TITLE: _____

OTHER NAMES: _____

ADDRESS: _____

DATE OF BIRTH: _____ N.I. NUMBER: _____

3. DEPENDANT DETAILS

(Only fill in this section if you are a dependant)

SURNAME: _____ TITLE: _____

OTHER NAMES: _____

ADDRESS: _____

DATE OF BIRTH: _____ N.I. NUMBER: _____

PAY NUMBER: _____

RELATIONSHIP TO MEMBER: _____

4. REPRESENTATIVE DETAILS *(Only fill in this section if you are representing a member or dependant)*

SURNAME: _____ TITLE: _____

OTHER NAMES: _____

ADDRESS: _____

I agree to represent the person named in 2 or 3 above

SIGNED: _____ DATE: _____

Whose address should letters go to? *(Please tick one box)*

Yourself as representative: ☐

The person you are representing: ☐

5. DETAILS OF YOUR DISAGREEMENT (Please give full details of the disagreement in this section)

- ***These details should be your account of the reason for disagreement, including any relevant dates, previous discussions and enclosing any relevant letters / documents that are related to your disagreement.***

- ***If you run out of space, please attach a separate sheet marked with NI number***

6. SIGNATURE

(Please fill in this section in all cases)

I would like the referee to look into this disagreement and make a decision about it. I am a...

Fund member: ☐ Prospective member: ☐ Former member: ☐

Former member's representative: ☐ Member's or dependant's representative: ☐

Under Section 50(9) of the 1995 Pensions Act, IDRP is not possible if any of the following applies:

Proceedings have commenced in a court or tribunal ☐
The Pensions Ombudsman has started an investigation ☐
It is prescribed by regulations made by the Secretary of State. ☐

Please ✓ if applicable

SIGNED: _____ DATE: _____

Avon Pension Fund, Local Government Pension Scheme administered by Bath & North East Somerset Council.

Data Protection: Avon Pension Fund is a Data Controller as defined in the UK GDPR. We store, hold and manage your personal data in line with statutory requirements to provide you with pension administration services. For more information about how we process your data, your individual rights and answers to frequently asked questions, please visit our website: avonpensionfund.org.uk

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Stage 2 Disagreement form (*Application must be made within 6 months of Stage 1 review*) **IDRP S2**

EMPLOYER / FORMER EMPLOYER: _____

1. ABOUT YOUR DISAGREEMENT WITH STAGE 1 REVIEW (*Please fill in this part in all cases*)

Who is your disagreement against? (*Please tick one box*)

The Employer named above ☐

Avon Pension Fund ☐

Date of Stage 1 review letter: _____

2. MEMBER DETAILS (*Please fill in this part in all cases*)

SURNAME: _____ TITLE: _____

OTHER NAMES: _____

ADDRESS: _____

DATE OF BIRTH: _____ N.I. NUMBER: _____

3. DEPENDANT DETAILS (*Only fill in this section if you are a dependant*)

SURNAME: _____ TITLE: _____

OTHER NAMES: _____

ADDRESS: _____

DATE OF BIRTH: _____ N.I. NUMBER: _____

PAY NUMBER: _____

RELATIONSHIP TO MEMBER: _____

4. REPRESENTATIVE DETAILS (*Only fill in this section if you are representing a member or dependant*)

SURNAME: _____ TITLE: _____

OTHER NAMES: _____

ADDRESS: _____

Whose address should letters go to? (*Please tick one box*)

Yourself as representative: ☐

The person you are representing: ☐

5. DETAILS OF YOUR DISAGREEMENT (Please give full details of the disagreement in this section)

- ***These details should be your account of the reason for disagreement with the Stage 1 decision, including any relevant dates, previous discussions and enclosing any relevant letters / documents that are related to your disagreement.***

- ***If you run out of space, please attach a separate sheet marked with NI number***

6. SIGNATURE

(Please fill in this section in all cases)

I would like the referee to look into this disagreement and make a decision about it. I am a...

Fund member: ☐ Prospective member: ☐ Former member: ☐

Former member's representative: ☐ Member's or dependant's representative: ☐

Under Section 50(9) of the 1995 Pensions Act, IDRP is not allowed if any of the following applies:

Proceedings have commenced in a court or tribunal ☐
The Pensions Ombudsman has started an investigation ☐
It is prescribed by regulations made by the Secretary of State ☐

Please ✓ if applicable

Signed: **Date:**

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