Reviews and Complaints Form Member Details Name: Address: Date of Birth: National Insurance Number: Employer: NILGOSC Reference Number (if known): Telephone Number: If you wish for someone else to request a review of a decision or make a complaint on your behalf, you may appoint an 'alternative applicant'. If you wish to appoint an alternative

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Alternative Applicant Address:	

Relationship to you:

Member Signature:

Date:

Alternative Applicant Name:

This	is:		
A)	a request for a review of a decision made about a benefit from the scheme		
B)	a complaint about the service I have received		
I am:			
	a scheme member a widow, widower, surviving cipartner or nominated cohabitin partner of a deceased member; a dependant of a deceased me or any other person who may be entitled to a benefit in respect of deceased member a prospective member — that is, someone who is eligible for membership but who is not act contributing to the Scheme	from the scheme as a condition of divorce proceedings a pension credit member — that is, a person who is receiving a portion of an ex-spouses benefit from the scheme as a condition of divorce proceedings a person who has ceased to be a	
Please give details of your request for review or complaint below. You may continue on a separate sheet if necessary. Please attach any relevant supporting evidence to this form where applicable.			
Member / Alternative Applicant Signature:			
Dat	e:	Please return this form to: The Secretary	



The Secretary

Northern Ireland Local Government Officers'
Superannuation Committee
Templeton House,
411 Holywood Road,
Belfast BT4 2LP