# **WEST LOTHIAN COUNCIL**

**LOCAL GOVERNMENT PENSION SCHEME**

**APPEAL AGAINST DECISION**

**Person’s Details:**

|  |  |
| --- | --- |
| Full Name  | Date of Birth |
| Home Address |
| E-mail | Telephone |
| Payroll Number | NI Number |
| Service |
| Job Title |
| Representative’s name/contact details |

**Please set out the disputed decision and reason for your disagreement:**

**Please set out how you wish the disagreement to be resolved:**

**Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

**Signed by or on behalf of Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Response/Action required (for office use only)**

