

Med 09/05 – Complaints Procedure Form

This form is to be used to complain about the service Capita Health Solutions (CHS) provides in their role as medical adviser to the Civil Service pension and Civil Service Injury Benefit Scheme arrangements.

It should not be used if you wish to complain about the outcome of referrals relating to:

- Early payment of preserved award on health grounds
- Injury benefit
- Ill health retirement

If employers or APACs wish to complain about CHS service they should provide details of the case in section one of the form.

If you are complaining as a member of the scheme you need to pass this form to your employer. They will send the form to CHS who will investigate your complaint.

Section 1 - To be completed by member

Section 2 - To be completed by employer

Employers should send the completed form to

Administration Team
Capita Health Solutions
10 Queen Victoria Road
Coventry
CV1 3PJ

Email: pcspcs.chs@capita.co.uk

CHS will acknowledge receipt within 5 working days and provide a full reply within 4 weeks. If, exceptionally, this is not possible CHS will give an interim reply explaining what further action has been identified.

CHS will investigate and reply to the employer (or APAC) who will let you know the outcome in writing.

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Section One	To be Completed by Member (Employers or APACs making a complaint on an individual’s case should complete this section with details of the individual).
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Part One: Personal Details.

Surname			
Forenames			
Employer/Department			
Address of Employer			
Payroll/Staff Number			
Home address			
Email address		Contact Number	
Which Pension Scheme do you belong to? Please Tick			
Classic	Classic Plus	Premium	Partnership

Part Two: Details of complaint

Why was your case referred to Capita Health solutions? (Please tick box)			
Ill Health Retirement	<input type="checkbox"/>	Injury Benefit	<input type="checkbox"/>
Early Payment of Preserved Pension	<input type="checkbox"/>		<input type="checkbox"/>

Please give a brief summary of your complaint:

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Part Three – Please list specific complaint issues you would like Capita Health Solutions to deal with-

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Part Four – Desired outcome (what do you want Capita Health Solutions to do?)

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Part Five - Declaration

<p>Signature.....</p>	<p>Date.....</p>
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Please send this form to your Employer, Departmental HR Team, or pension administrator.

Section Two		To be completed by Employer only				
Part One – Please provide any information relevant to this complaint						
Part Two – Employing Department details						
Signature		Address				
Name		Email address				
Date		Contact Number				
Purchase Order Number						
Location Code						
<ul style="list-style-type: none"> This is the location code that Capita Health Solutions have allocated to your office for charging purposes. If you do not have a location code, please telephone the CHS helpdesk. For the purposes of this referral the code is needed for identification purposes only. No charge will be made. 						

Forward this complaint to

Capita Health Solutions
10 Queen Victoria Road
Coventry
CV1 3PJ

Email: csp.enquiries@capita.co.uk

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