



Med 9 Complaints Procedure Form

Notes for the member and employer

This form is **only to be used to complain about the service** the Scheme Medical Adviser 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 you are appealing the outcome of your referral, please use the appropriate appeals form.

If employers wish to complain about the service that the Scheme Medical Adviser has provided 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 the Scheme Medical Adviser 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

Health Management Limited
C/O CSPS Medigold House
Queensbridge
Northampton
NN4 7BF

Email: South.06@healthmanltd.com

Receipt of the Med 9 will be acknowledged within two working days and will normally provide you with a full reply within 10 working days, or 21 working days if the complaint requires further investigation by a clinician. The Scheme Medical Adviser will tell you which timeline applies. Where the case concerns a member's complaint you must give the member written details about the outcome.

See the *'Ill Health Retirement – Procedural Guidance for Employers'* for details of how to escalate a complaint if the member or employer is dissatisfied with the response from the Scheme Medical Adviser. This guidance is available on the website, www.civilservicepensionscheme.org.uk under *'Employers' – 'Scheme Medical Adviser'*.



Section 1 - Member to complete

(Employers making a complaint on an individual's case should complete this section with details of the individual).

Part One - Personal Details

Surname

Forename(s)

Employer/Department

Address of employer

Postcode

Payroll/Staff Number

Home address

Postcode

Email address

Contact number

Which pension scheme do you belong to? (Please tick box)

classic

nuvos

classic plus

alpha

premium

Partnership

Part Two - Details of complaint

Why was your case referred to the Scheme Medical Adviser? (Please tick box)

Ill Health Retirement

Injury Benefit

**Early Payment of
Preserved Pension**

Please give a brief summary of your complaint:

Part Three

Please list specific complaint issues you would like the Scheme Medical Adviser to deal with -

Part Four

Desired outcome (what do you want the Scheme Medical Adviser to do?)

Part Five - Declaration

- I understand this is a complaint about the service received from the Scheme Medical Advisor.
- I understand this is not an appeal against the decision on my referral.
- I confirm that to the best of my knowledge the details I have supplied are correct.

Signature

Date



Please send this form to your Employer,
Departmental HR Team, or MyCSP

Section 2 – Employer only to complete

Part One

Please provide any information relevant to this complaint

Part Two - Employing Department details

Signature

Date

Name

Address

Postcode

Email address

Contact number

Purchase Order Number

Location Code

It is essential that you enter your employer location code allocated by the Scheme Medical Adviser. For the purposes of this referral the code is needed for identification purposes only. No charge will be made.

Forward this complaint to:

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Northampton
NN4 7BF

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