

**Part A – Your details**

From	Your name.	Return Email address
Phone no.	Your phone number.	
Office Name	Your Office	
Source of Referral	For example Clerical, Complaints Resolution	
Business area	Your team and discipline	
Reason for referral	Complaint/Non Complaint	
Level of complaint	I.e. Level 1/Level 2 / ICE etc...	

**Part B - Client Details**

Full Name	Enter Clients name
Title	Enter Clients title
Client role	Enter client role
NINO	Enter NINO.
RFA/SCIN	Enter RFA/SCIN
Respond Ref (CSA Only)	Enter Respond Ref
Address	Address.
Post Code	Post Code.

**Payment details**

Bank Name	Bank.
Sort Code	Sort Code
Account Number	Account Number.
Building Society Details	Roll Number
Account Name (Payee)	Payee name as held on account
<p><b>If there is an appointee or representative please also give their name/address and bank details if different.</b></p> <p>Click here to enter text.</p>	

Has the client or their representative asked for a special payment?	Yes/No
If so attach a copy of the request to the referral e-mail.	
Have they been advised submission has been made	Yes/No
Has the client had any other special payments relating to this submission	Yes/No
Have details of the related special payments been provided	Yes/No
Has Respond been updated (CSA Only)	Yes/No

## Part C – Sequence of Events

Please provide a full and clear chronological explanation of what has happened with this case. The explanation needs to be precise and detailed including what action has been taken on the case such as:-

Why the client is requesting a special payment

- Has an error occurred and how did it happen
- What should have happened
- How the error came to light
- What has been done to put it right

**Please do not use abbreviations/acronyms without explaining them.**

If misdirection been alleged please ensure the appropriate managers statement is included along with any documents/notes relating to the client 's statement (see link) [Misdirection](#)

Please remember to attach copies or details of all relevant statements, records and correspondence, with your submission.

### **What happened:**

Click here to enter text.

### **What should have happened: (Please provide links to any supporting guidance)**

Click here to enter text.

### **What were the known effects:**

Click here to enter text.

## Part D – Financial redress for delay

Please break this down to Tax years in the second table so that an interest calculation can be done.

### Payment Details

Period	<b>From:</b> Enter date.	<b>To:</b> Enter date.
Amount	£ Enter Amount.	
Date Paid if applicable	Enter date.	

Tax year	Arrears Period	Gross Arrears	Offset Amount	Amount Paid
Tax year.	<b>From:</b> Select Date <b>To:</b> Select Date	£	£ Amount	£ Amount
Tax year.	<b>From:</b> Select Date <b>To:</b> Select Date	£ Amount	£ Amount	£ Amount
Tax year.	<b>From:</b> Select Date <b>To:</b> Select Date	£ Amount	£ Amount	£ Amount
Tax year.	<b>From:</b> Select Date <b>To:</b> Select Date	£ Amount	£ Amount	£ Amount
Tax year.	<b>From:</b> Select Date <b>To:</b> Select Date	£ Amount	£ Amount	£ Amount

## Part E – Actual financial loss

Use this section to give details of any financial loss or expenditure incurred by the client e.g. bank charges, telephone and postage costs, loss of earnings etc. Ask the client to provide evidence and attach to the e-mail if supplied.

[Click here to enter text.](#)

## Part F – Extra Statutory payment

Complete this section if the client has suffered or says they suffered loss of maintenance because of maladministration/misdirection.

Please calculate how much the client would have received if the maladministration/misdirection had not occurred.

Rule Type	Tax Year	From w/c	To w/e	Weekly amt	Total
Rule type	Tax year.	Select Date	Select Date	£ Amount	£ Amount
Rule type	Tax year.	Select Date	Select Date	£ Amount	£ Amount
Rule type	Tax year.	Select Date	Select Date	£ Amount	£ Amount

[Click here to enter text.](#)

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## Part G – Consolatory payments

Consolatory payments can be awarded in exceptional circumstances where maladministration has had a direct effect on the life of a client or a member of their family.

Has the client requested a consolatory payment	Yes/No
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If so attach copies of relevant statements and correspondence to the referral e-mail.

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## Line Managers Statement

Does your office agree that the alleged error took place	Yes/No
Do you feel that a special payment is justified	Yes/No

Please give your reasons for recommendation

Click here to enter text.
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Line Managers Name:	Grade:	Date:
Click here to enter text.	Click here to enter text.	
<b>I confirm that this submission has been prepared in accordance with the guidance in the Special Payments Guide.</b>		
If this referral does not provide enough information for NSPT to make a decision on the case it will be returned to the referring officer. <b>Please note referrals are only accepted from complaints teams and must be directed via that route.</b>		

E-mail the completed form to: [specialpayments.operations@dwp.gsi.gov.uk](mailto:specialpayments.operations@dwp.gsi.gov.uk)