



Appendix A.docx

Part A – Your details

From	Your name.	E-mail address
Direct Contact Details	Your phone number.	
Office Name	Your Office	
District (if JCP)	Your District.	
Directorate	Directorate Involved	
Benefit type	Enter benefit(s).	
Reason for referral	Select.	
Level of complaint	Select.	
Customer SPOC contact details	Name and No	
Customer UCB	Select	
Persistent Customer Contact (PCC)	Select	

Part B - Customer Details

Full Name	Enter Customer's Name
Title	Enter Customer's title.
NINO	Enter NINO.
Date of Birth	Enter DOB.
Address	Address.
Post Code	Post Code.

Payment details

Bank Name	Bank.
Sort Code	Sort Code
Account number	Account Number.
Building Society Details	Roll Number
If there is an appointee or representative please also give their name/address and bank details if different.	
Has the customer or their representative asked for a special payment?	Select
If so attach a copy of the request to the referral e-mail.	
Have they been advised submission has been made	Select

Is there an Overpayment Outstanding?

Amount of Overpayment outstanding	
Has the customer been notified of Overpayment details?	Select
Repayment Frequency	Select
Repayment Amount	

Has misdirection/maladministration been alleged?

Please ensure the appropriate managers statement is included and any documents/notes relating to the customer's statement (see link)

http://intralink.link2.gpn.gov.uk/1/corp/sites/customerstandards/complaints/DWP_T661997.asp#P212_20242

Please attach copies of all relevant statements, records and correspondence, including all letters of complaint to the e-mail.

Part C – Sequence of Events-

Refer to Appendix A above for completion instructions

What happened and when (include dates):

Click here to enter text.

What should have happened and when (include dates):

Click here to enter text.

What were the known effects (required if a Consolatory Payment has to be considered):

Click here to enter text.

What corrective action has been taken to fix errors?

Click here to enter text.

Part D – Financial redress for delay

Complete this section if you have paid arrears of benefit. (If there is an arrears calculation already in place please attach to the referral form)

Payment Details

Period of arrears	From: Select a date.	To: Select date.
Amount Paid	£ Enter Amount.	
Date Paid	Enter date.	

Tax year	Arrears Period	Gross Arrears	Offset Amount	Amount Paid
Tax year.	From: Select Date To: Select Date	£ Amount	£ Amount	£ Amount
Tax year.	From: Select Date To: Select Date	£ Amount	£ Amount	£ Amount
Tax year.	From: Select Date To: Select Date	£ Amount	£ Amount	£ Amount
Tax year.	From: Select Date To: Select Date	£ Amount	£ Amount	£ Amount
Tax year.	From: Select Date To: Select Date	£ Amount	£ Amount	£ Amount
		Total Arrears Amount	Total Offset Amount	Total Paid Amount

Part E – Actual financial loss

[Click here to enter text.](#)

Part F – Loss of statutory entitlement

Complete this section if the customer says they have lost statutory entitlement because of maladministration/misdirection referring to Appendix A for completion guidance.

Has the Statutory Route been considered?	Select
Can loss of benefit be paid through the Statutory Route?	Select
If answer is No, Why not?	Select

Please include any relevant legislation extract or Policy Guidance as appropriate
[Click here to enter text.](#)

Please calculate how much the customer would have received if they had been entitled to benefit for the relevant period

Benefit Type	Tax Year	From w/c	To w/e	Weekly/AP Amount	Total Per Tax Year
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Benefit.	Tax year.	Select Date	Select Date	£ Amount	£ Amount
Benefit.	Tax year.	Select Date	Select Date	£ Amount	£ Amount
Benefit.	Tax year.	Select Date	Select Date	£ Amount	£ Amount
					£ Amount

Please advise of any overlapping benefit for any of the above periods

Benefit Type Offset	Tax Year Offset	From W/c	To W/e	Weekly amount Offset	Amount Paid
Benefit.	Tax year.	Select Date	Select Date	£ Amount	£ Amount
Benefit.	Tax year.	Select Date	Select Date	£ Amount	£ Amount
Benefit.	Tax year.	Select Date	Select Date	£ Amount	£ Amount
					Amount (total paid)

Give dates and amounts of any Christmas Bonuses lost.

Click here to enter text.

Part G – Consolatory payments

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

Has the customer requested a consolatory payment	Select
Has the customer supplied any evidence to support their request?	Select

If so attach copies of relevant statements and correspondence to the referral e-mail.

If customer has suffered Gross Inconvenience and/or Stress please provide details and any appropriate evidence
Click here to enter text.

Please ensure details are completed at Part C - required in all cases apart from Delay Only, Tier 2 and CCRT cases.

Line Managers Statement

Does your office agree that the alleged error took place	Select
Do you feel that a special payment is justified	Select

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Please give your reasons for recommendation;

Click here to enter text.

Part H – Line Managers statement

Line Managers Name:	Grade:	Date:
Click here to enter text.	Click here to enter text.	
<i>Do you agree that the alleged error took place?</i>		
<i>I confirm that this submission has been prepared in accordance with the Special Payments Guide and that all relevant parts have been completed.</i>		
If this referral does not provide enough information for the NSPT to make a decision on the case it will be returned to the referring officer. Should Line Manager require a copy please advise.		

Submit

Clicking submit will open a new e-mail where attachments can be added.

E-Mail should be sent to specialpayments.operations@dwp.gsi.gov.uk

Refer to Appendix A for completion instructions.

If in doubt contact NSPT