DISPUTE FORM

Name and address of person submitting dispute				
	<u>.</u>			
Are you the (Please circle)		claimant	landlord	third party
If you are acting on behalf of the claimant / landlord you must provide a signed authorisation from them allowing you to act on their behalf, or ensure that they sign the authorisation below:				
Iauthorise				
who lives at				
to act on my behalf regarding m	y dispute.			
Signed				
Claim number				
Claimant's name				
Address the dispute relates to				
Phone number				
Email				
1. Date of the decision being dis	sputed			
1a. If it is more than one month from the date of decision you are disputing, explain why. The maximum time limit to start a dispute is 13 months from the date of the decision letter.				

City of Bradford MDC

www.bradford.gov.uk

2. W	/hat action do you want my office to take?	Tick
1	Issue a detailed explanation of how my decision has been made	
2	Reconsider the decision that has been made	
3	Refer your dispute to Her Majesty's Courts & Tribunals Service	

2. Why do you think the decision is wrong?				
 Why do you think the decision is wrong? Please provide any evidence you have to support your reasons 				

Signature of the appellant	
Date	

If you need more space to answer any questions, please use another sheet of paper and include your name, address and claim number at the top of each extra sheet.

Please return the completed and signed form as soon as possible to:

Benefits Appeals, Britannia House, Hall Ings, Bradford, BD1 1HX