

**REQUEST FOR A MANDATORY RECONSIDERATION**

**NAME OF BENEFIT** *(please circle)*

PERSONAL INDEPENDENCE PAYMENT

EMPLOYMENT AND SUPPORT ALLOWANCE

**DATE AT THE TOP OF THE ORIGINAL DECISION LETTER** .....

**DETAILS OF THE OFFICE MAKING THE DECISION (THE ADDRESS AT THE TOP OF YOUR DECISION LETTER)**

Name.....

Address.....

.....

.....

.....

**IF THE DECISION WAS MORE THAN A MONTH AGO - My mandatory Reconsideration request is late because**

.....

.....

..... *continue on a separate piece of paper if necessary*

**YOUR DETAILS**

Name ..... National Insurance Number .....

Address .....

.....

Date of Birth.....

I would prefer to be contacted by (please circle) LETTER/TELEPHONE/TEXT (number).....

**I AM WRITING TO ASK YOU TO RECONSIDER THE DECISION AS DETAILED ABOVE.**

*I think that your decision was wrong because I do not think that my full needs and difficulties were taken into consideration when the original decision was made and I think I should have been awarded the following descriptors/points :*

**PLEASE SEND ME A COPY OF ALL THE DOCUMENTS USED TO MAKE THE ORIGINAL DECISION INCLUDING THE PIP FORM/THE FACE TO FACE ASSESSMENT REPORT/ ESA50/ESA85/ANY 3RD PARTY REPORTS AND THE DECISION ITSELF**

**I have enclosed further evidence in support of my claim YES / NO (please circle)**

Number of pages attached.....

**I am intending to send further evidence in support of my claim YES / NO (please circle)**

**SIGNED**.....**DATE**.....

**SIGNED FORM OF AUTHORITY ATTACHED YES/NO.....(see overleaf)**



**Lowestoft & Waveney**  
(Disablement Information & Advice Line)

161 Rotterdam Road  
Lowestoft, Suffolk  
NR32 2EZ

Tel: 01502 511333  
Fax: 01502 586130  
E-mail: info@dialnet.f2s.com

## FORM OF AUTHORITY

NAME: .....

N.I. No.: ..... D.O.B.: .....

ADDRESS: .....

.....

.....

AUTHORISE: .....

And/or the Manager of the Disabled Advice Service at the above address to act on my behalf.

I should therefore, be grateful if you would provide them with any relevant information to enable them to do so.

In accordance with the Data Protection Act 1998, I hereby give my permission for D.I.A.L. Lowestoft & Waveney to hold information about my personal details.

DIAL is audited annually by an external agency to ensure the standard of their service.

I agree that my file can be used as part of this audit in accordance with their funders' requirements.

YES

NO

SIGNATURE: .....

DATED: .....