



UGANDA RETIREMENT BENEFITS REGULATORY AUTHORITY (URBRA)

COMPLAINT FORM

PLEASE READ THIS FORM AND THE GUIDANCE NOTES* CAREFULLY. COMPLETE THE FORM BY WRITING OR TYPING CLEARLY IN THE SPACES PROVIDED. THEN SIGN THE DOCUMENT AND SEND IT TO THE RETIREMENT BENEFITS REGULATORY AUTHORITY AND ATTACH ALL OTHER RELEVANT PAPERS.

PART A: (i) DETAILS OF COMPLAINANT (person complaining /on whose behalf complaint is being brought)

Title	Full names:	
Date:	Age:	Sex:
Address:		
Date of birth	ID No.	Telephone No.
Contact:	E-mail:	

PART A (ii) PLEASE FILL THIS PART IF YOU ARE BRINGING THE COMPLAINT ON SOMEBODY'S BEHALF (e.g advocate, complainant's relative)

Date:	Title;	Full Names:
Address:		
Relationship with the complainant:		Date of Birth:

I.D. No (attach):	Telephone No.	E-mail:
Do you wish the Authority to correspond with this representative instead of with you? (Attach copy of authorization if applicable)		
Yes:	No:	Other:
PART B: DETAILS OF THE SCHEME		
Name and address of the scheme:		
Are you still in employment or not?		
Yes	No:	Other:
Date of joining scheme:	Date of leaving service	Period of service:
Scheme's personal reference number (if applicable):		
Reasons for leaving service (brief reason (s), details required in part d):		
Retirement	Another employment:	Terminated contract:
Others specify:		
PART C: COMPLAINT AGAINST TRUSTEES OF THE SCHEME, THE SPONSOR, FUND MANAGERS, ADMINISTRATORS AND CUSTODIANS		
Which entity do you wish to bring a complaint against? Tick the appropriate		
1.Trustee(s):	3. Sponsor(s):	5. Administrator(s):
2. Fund manager(s):	4. Custodian(s):	
State the name(s) and address (es) of person /institution on which the complaint is being brought		
State a brief description of your complaint being brought		

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What are your expectations on the matter(s) raised in your complaint?:

What action(s) do you feel the Authority should take to resolve this problem (be brief, details in part E

PART D: PREVIOUS PROCEEDINGS AND ACTIONS TAKEN

To your knowledge have you or any other person brought a complaint or a related matter to URBRA before?

Yes	No:	Others:
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If yes, give a brief detail of when the complaint was brought, who handled the complaint and what response was provided.

Have you or any other person brought a complaint or a related matter to any other institution other than URBRA before.

Yes	No:	Other:
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If yes, please provide details of the institutions where the complaint was presented and the responses provided by the institution (s) (attach all correspondences)

Institutions:	Responses:
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PART E: FACTS RELATING TO THE COMPLAINT

Please clearly and concisely explain the complaint or dispute, giving dates and what you think should be done to put matters right. It would be useful to enclose copies of all relevant correspondence or documents in your possession related to this complaint that may assist URBRA in expediting the possible resolution of the complaint.

Explain the complaint being brought by completing a separate sheet, typed if possible and If using handwriting, please write clearly and attach the letter to this complaint

form together with all other correspondences.

Part F: SIGNATURE

Name.....

Signature..... (Complainant/representative)

Date.....

If signed by the representative, please enclose evidence of ID/authority.

Return this form with enclosures to:

Chief Executive Officer

Uganda Retirement Benefits Regulatory Authority

3rd – 6th Floor, URBRA Offices, Plot No 1, Clement Hill Road

P. O. Box 7561, Kampala, Tel; 0417302500

Or email it to; urbra@urbra.go.ug

APPENDIX 1

BENEFITS AUTHORITY – GUIDANCE NOTES ON COMPLETION OF THE COMPLAINT FORM - Please complete the form using BLUE ink or otherwise type.

PART A COMPLAINANT

Please do not use this form if you are an employer or the trustee(s) or manager of the scheme. Instead you should ask the Authority for guidance on how to complain. All other complainants should use this form.

Part A (i) you will fill this part if you are bringing the complaint by yourself (victim) you may still present a contact of you next of kin in the space for telephone contact and put NOK next to the contact but you will not be required to fill part A (ii) of the form.

Part A (ii) you may fill this part if you are bringing a complaint on somebody's behalf, e.g. advocate, dependents, complainant's relative etc. Note that you will be required to additionally fill part A (i) of the form and provide details of the person for whom the complaint is being brought.

Note that, if you employ a representative e.g. an advocate, etc. you will have to meet the costs of employing a professional person from your own pocket. Remember the Authority functions in such a way as to make employing a representative usually unnecessary. The Authority will correspond with the complainant or the representative, but not both.

PART B DETAILS OF THE SCHEME

You will usually find the name of the scheme on your scheme booklet or in correspondence from the scheme or the employer. If your complaint concerns more than one scheme, please complete a separate form for each.

PARTS C

You may bring a complaint or dispute against all or any of the present or former trustees, employers, managers or a complaint against anyone concerned with the administration of the scheme.

Complaints on trustees

You can bring a complaint or dispute against all or any of the present or former trustees. If your complaint or dispute concerns all of the trustees at the relevant time you may just write "The trustees of the scheme" in the "Name" box and give an address at which they can be contacted. If you know the person/ company who deals with correspondence on behalf of the trustees, please put down their name in the "Address" box.

Complaint against employer/Sponsor

If your complaint or dispute concerns an employer participating in the scheme, enter the details here including the address for correspondence. If you know the person/company who deals with correspondence on behalf of the employer, please put their name in the “Contact name”

Complaints against Fund Manager / Administrator / Custodian

Use this section of the form if your complaint or dispute concerns:

- An organization running a scheme on behalf of the trustees/ investing scheme funds/keeping custody of the funds
- Any other body or individual person concerned with the administration of the scheme.

Enter the details here including the address for correspondence. If your complaint or dispute concerns an organization and you know the person/company who deals with correspondence on behalf of them, please put the person’s name in the “Contact name” box.

PART D PREVIOUS PROCEEDINGS

Previous Proceedings relating to URBRA

The Authority will not normally investigate a complaint or dispute if it has been previously submitted to the Authority or it involves a matter already resolved with respect to other members of the same scheme. If you are aware of such complaints you should state it.

Previous Proceedings relating to other institutions, courts, Tribunal etc

If Court proceedings have begun in respect of the same matter as a complaint or dispute referred to the Authority we cannot investigate it unless its discontinued or stayed without a settlement which is binding on the complainant. If the matter has been referred to another body this is not necessarily a bar to an investigation by the Authority but full details should be given.

PART E THE FACTS RELATING TO THE COMPLAINT OR DISPUTE

Please explain the complaint or dispute, giving dates and what you think should be done to put matters right. Enclose copies of all relevant correspondence or documents in your possession relating to the matter and not already held by the Authority. You do not have to use the space on the form. Set it out on a separate sheet if you wish. You may if you wish refer to a specific document or documents. However, please be precise. Do not refer to previous correspondence without specifying exactly which items. Refer only to documents in which the complaint or dispute is actually set out. Remember if the complaint is stated clearly, it will enable the Authority expedite its possible resolution.

PART F SIGNATURE

Please remember to sign the form. If you are signing as a representative of a complainant, please provide evidence that you have their Authority to do so