



We have many ways we can communicate with you

You can find our contact details by searching for the relevant benefit on www.gov.uk

Treating people fairly

We are committed to the Equality Act 2010 and treating people fairly. To find out more about this law, search 'Equality' on www.gov.uk

It is easier to call

You can ask for a Mandatory Reconsideration over the phone. Your claim will be looked at in exactly the same way. It is much quicker and you can explain why you think the decision is wrong over the phone, without needing to fill anything in. The phone number to call is at the top of your decision letter.

About this form

You can use this form to ask for a Mandatory Reconsideration if you do not agree with a decision. This means a decision maker will look at your claim again and see if the decision was right or wrong.

It is important we make the right decision. To help us do that, this form will ask you to:

- tell us the reasons why you think the decision is wrong, and
- give us any new information that we have not seen already

If you want to ask for a Mandatory Reconsideration in writing

You can use this form to ask for a Mandatory Reconsideration. There is a booklet to help you fill in this form called CRMR1A. It explains what information you need to include and has examples of the types of information we can consider. You can read it online at www.gov.uk/mandatory-reconsideration

When you complete the form:

- You can type your information instead of writing if it is easier for you
- Everyone must complete the sections **About you, Why you disagree with the decision** and the **declaration**
- Only complete the section **If a representative is completing the form** if you are filling in the form for someone else, such as a child or a person you represent

After you fill out the form

- Please print the form and sign it
- Post the form back to the address at the top of your decision letter
- Send any other relevant evidence at the same time
- We will send you a text message or letter to tell you we have received your form
- A different decision maker will look at your claim and any new information you provide. If they can change the decision, they will. It is important you understand that the amount you are awarded could go up, down or stay the same. Your benefit could also be stopped
- When we have made our decision, we will send you a letter called a Mandatory Reconsideration Notice.



If you disagree with a decision for:

- Housing Benefit please contact your local authority
- Child Benefit, Guardian's Allowance or Tax Credits please contact HMRC

About you - the person we have made the decision about

01	Title Mr, Mrs, Miss, Ms or other
02	First name
03	Last name
04	Date of birth DD/MM/YYYY
05	National Insurance (NI) number You can find this on top of the decision letter, your National Insurance (NI) numbercard, payslips or letters from the Department for Work and Pensions. If you are asking for a Mandatory Reconsideration on behalf of a child, what is the child's National Insurance (NI) number if known?
06	Which benefit are you asking for a Mandatory Reconsideration of?

07	Your current address Postcode
08	Your telephone number Include your national or local code. Home Mobile We may need to call you for more information. Please tell us when it is best to contact you. Monday morning Monday afternoon Tuesday morning Tuesday afternoon Wednesday morning Wednesday afternoon Thursday morning Thursday afternoon Friday morning Friday afternoon

If a representative is completing the form

09 Are you a representative filling in this form for someone else?

By representative, we mean someone who is not the person we have made a decision about. For example, this could be someone's carer, parent, relative, friend, legal Deputy etc.

No **Go to question 16**

Yes

If yes, please tell us about yourself below

10 Your title

Mr, Mrs, Miss, Ms or other

11 Your first name

12 Your last name

13 What is your relationship to the person we have made a decision about?

For example parent, carer, legal Deputy etc.

14 Your address

Postcode

15 Your contact number

Include your national or local code.

We may need to call you for more information. Please tell us when it is best to contact you.

Monday morning

Monday afternoon

Tuesday morning

Tuesday afternoon

Wednesday morning

Wednesday afternoon

Thursday morning

Thursday afternoon

Friday morning

Friday afternoon

About the original decision

16 Are you asking us to look at your decision again within one month of the date on your decision letter?

No If **No**, please tell us why. If necessary, use the extra space in question 21 under Further information.

Yes **Go to question 17, Why you disagree with the decision**

Why you disagree with the decision

Please explain in your own words why you disagree with the decision. Please be specific and provide as much detail as you can. If you disagree with more than one part of the decision, you must say why you disagree with each part.

Please read the booklet **CRMR1A 'How to disagree with a decision made by the Department for Work and Pensions'** for examples of information that will help.

17 What part(s) of your decision do you disagree with and why?

If necessary, use the extra space in question 21 under Further information.

18 Do you have any new information we have not seen or heard of?

No

Yes If **Yes**, please tell us why

Please list all the new information you are sending with this form.

We will not be able to refund any costs if you get new evidence. Please read the booklet **CRMR1A 'How to disagree with a decision made by the Department for Work and Pensions'** for examples of information that will help.

If necessary, use the extra space in question 21 under Further information.

19 Have you attached all the evidence listed?

No If **No**, please tell us why

Yes

If necessary, use the extra space in question 21 under Further information.

20 Details of why you have not attached the additional information.

For example, you may have asked for a medical report but it has not arrived yet.

If necessary, use the extra space in question 21 under Further information.

Further information

21 Use this space to tell us anything else you think we may need to know.

What to do now

Check that you or your representative have:

- Explained what parts of the decision you disagree with and why
- Attached all additional evidence
- Signed this form

Declaration

I understand that if I knowingly give information that is incorrect or incomplete, I may be liable to prosecution or other action.

I declare that the information I have given on this form is correct and complete as far as I know and believe.

Your name

Your signature

Date

DD/MM/YYYY

How the Department for Work and Pensions collects and uses information

When we collect information about you we may use it for any of our purposes.

These include:

- Department for Work and Pensions benefits and allowances
- child maintenance
- employment and training
- investigating and prosecuting tax credits offences
- private pensions policy, and
- retirement planning.

We may get information about you from other parties for any of our purposes as the law allows to check the information you provide and improve our services.

We may give information about you to other organisations as the law allows, for example to protect against crime.

To find out more about our purposes, how we use personal information for those purposes and your information rights, including how to request a copy of your information, go to

[**www.gov.uk/dwp/personal-information-charter**](http://www.gov.uk/dwp/personal-information-charter)

If you are signing this form on behalf of someone else

As well as this form, please send signed authority for you to act on the claimant's behalf. You do not need to do this if you are:

- already registered as the claimant's appointee or Deputy with DWP, or
- the claimant's parents or legal guardian.