

Complaints Against Members

COMPLAINT FORM

Your details

1. Please provide us with your name and contact details

Title:	
First name:	
Last name:	
Address:	
Daytime telephone:	
Evening telephone:	
Mobile telephone:	
Email address:	

Your address and contact details will not usually be released unless necessary or to deal with your complaint.

However, we will tell the following people that you have made this complaint:

- the member(s) you are complaining about
- the monitoring officer of the authority

We will tell them your name and give them a summary of your complaint. We will give them full details of your complaint where necessary or appropriate to be able to deal with it. If you have serious concerns about your name and a summary, or details of your complaint being released, please complete section 6 of this form.

2. Please tell us which complainant type best describes you:

- Member of the public
- An elected or co-opted member of an authority
- An independent member of the standards committee
- Member of Parliament
- Local authority monitoring officer
- Other council officer or authority employee
- Other ()

3. Equality monitoring questions

Please complete details on Appendix 1 form and keep on separate sheet.

Making your complaint

Once your complaint is received, the Council will aim to process it within 20 working days. This will include an initial assessment that it meets the essential requirements ie is against one or more named Members of the Council, that member was in office at the time and that the complaint, if proven, would be a breach of the Council's Code of conduct.

The Council will also take into account some assessment criteria, including whether enough information has been submitted, whether the complaint has already been the subject of an investigation, whether it ought more properly be made to the Police or another regulatory authority and the length of time which has elapsed since the subject matter of the complaint.

The Sub-Committees considering your complaint must, if it is shown that the Member has failed to comply with the Code, impose one or a combination of several sanctions, including suspension or partial suspension of the member concerned.

All interested parties will be informed of the decision as soon as possible after it has been made. If you have any queries, please contact [the Monitoring Officer on 020 8753 2701]

4. Please provide us with the name of the member(s) you believe have breached the Code of Conduct and the name of their authority:

Title	First name	Last name	Council or authority name

5. Please explain in this section (or on separate sheets) what the member has done that you believe breaches the Code of Conduct. If you are complaining about more than one member you should clearly explain what each individual person has done that you believe breaches the Code of Conduct.

It is important that you provide all the information you wish to have taken into account by the assessment sub-committee when it decides whether to take any action on your complaint. For example:

- You should be specific, wherever possible, about exactly what you are alleging the member said or did. For instance, instead of writing that the member insulted you, you should state what it was they said.
- You should provide the dates of the alleged incidents wherever possible. If you cannot provide exact dates it is important to give a general timeframe.
- You should confirm whether there are any witnesses to the alleged conduct and provide their names and contact details if possible.
- You should provide any relevant background information.

Please provide us with the details of your complaint. Continue on a separate sheet if there is not enough space on this form.

Only complete this next section if you are requesting that your identity is kept confidential

6. In the interests of fairness and natural justice, we believe members who are complained about have a right to know who has made the complaint. We also believe they have a right to be provided with a summary of the complaint. We are unlikely to withhold your identity or the details of your complaint unless you have good reason to believe that in all the circumstances of the case, you are likely to suffer serious prejudice as a result.

Please note that requests for confidentiality or requests for suppression of complaint details will not automatically be granted. The assessment sub-committee will consider the request alongside the substance of your complaint. We will then contact you with the decision. If your request for confidentiality is not granted, we will usually allow you the option of withdrawing your complaint.

However, it is important to understand that in certain exceptional circumstances where the matter complained about is very serious, we can proceed with an investigation or other action and disclose your name even if you have expressly asked us not to.

Please provide us with details of why you believe we should withhold your name and/or the details of your complaint:

Additional Help

7. Complaints must be submitted in writing. This includes fax and electronic submissions. However, in line with the requirements of the Disability Discrimination Act, we can make reasonable adjustments to assist you if you have a disability that prevents you from making your complaint in writing.

We can also help if English is not your first language.

If you need any support in completing this form, please let us know as soon as possible. Contact Head of Legal Services on 020 8753 2701.

STRICTLY CONFIDENTIAL

Equal opportunities monitoring

As an Equal Opportunities organisation, monitoring is an essential part of good management practice and is endorsed by the Equality and Human Rights Commission to ascertain whether equality of opportunity is being achieved.

This sheet will be separated from your form upon receipt.

Please ensure you use block capitals and use black or blue ink.

Fill in the most appropriate box in each section with a cross X I

		STANDARDS COMMITTEE			
		COMPLAINTS			
TITLE:	Miss	Ms	Mrs	Mr	Dr
SURNAME:	INITIALS:				

AGE:	Under 16	N/A		DISABILITY:	
				Do you consider that you have a disability or long-term medical condition?	
16-24yrs					YES
25 - 29 yrs					NO
30 - 39 yrs					

AGE GROUP							
I am	40 - 49 yrs			GENDER:			
				1 am:	FEMALE		
					MALE		
	50 - 59 yrs						
	60 yrs or over						

ETHNIC GROUP: 1 would describe myself as:							
BLACK	African		British		Caribbean		
	Asian			Other			
ASIAN	Bangladeshi			British			Chinese
	Pakistani			Indian			Other
WHITE	British			Irish			European
Other							
OTHER							
DATE OF BIRTH:							
DATE _____							