###### Logo Description automatically generated

###### 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 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.

1. 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 (      )

# Making your complaint

The process that will be followed in considering your complaint can be found in the Procedure on the Council’s Web site at www.nuneatonandbedworth.gov.uk.

1. 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 |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. 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**

1. 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:  
   * there are reasonable grounds for believing that the you or a member of your family is or may be at risk of physical harm arising from the disclosure of your identity;
   * you are an Officer or a close relative of an officer who works closely with the Councillor concerned and there are reasonable grounds to believe that the officer’s employment will be adversely affected where their identity is to be disclosed;
   * you suffer from a serious health condition and there are medical risks associated with your identity being disclosed. Evidence of the medical condition may be required in order for the Sub-Committee to consider the request.

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: |

The Monitoring Officer

Town Hall

Coton Road,

Nuneaton

CV11 5AA

**Additional Help**

1. Complaints must be submitted in writing. This includes fax and electronic submissions. However, in line with the requirements of the Disability Discrimination Act 2000, 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.
2. **Equality Monitoring**

The Council has a duty to ensure that all people living and working within our Borough have the opportunity to use our services, and that people feel fairly treated when they do use our services.

Monitoring the personal details of people who use our services is one way in which we can get information to tell us if we are excluding any group of people from our services or treating them unfairly when they do make use of our services.

The information you are about to complete is held in the strictest confidence by the Council. Use or disclosure of personal details is subject to the Data Protection Act, which prohibits unlawful access by any person, agency or organisation.

Please fill in your personal characteristics below and help us ensure quality within equality.

1. Please indicate what age group you are in:

□ Under 16 □ 16-19 □ 20-24 □ 25-29 □ 30-44

□ 45-59 □ 60-64 □ 65 or over

1. How do you identify your gender/sex?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you have a long-standing physical or mental health condition or disability? By long-standing, we mean anything that has lasted at least 12 months or that is likely to last at least 12 months?

□ Yes                 □ No

1. How do you identify your ethnic origin?

□ White □ Mixed □ Asian or Asian British

□ Black or Black British □ Other ethnic group

If other, please state:

1. What is your religion or belief?

□ Christian □ Muslim □ Sikh □ Hindu

□ Jewish □ No Religion

□ Other (Please state) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How do you identify your sexual orientation?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

18001 024 7637 6439 / 6266

024 7637 6439 / 6266