

Complaints against the Police and Crime Commissioner for Derbyshire or his/her Deputy

This form can be used for making a complaint about the conduct of the Police and Crime Commissioner or the Deputy Police and Crime Commissioner for Derbyshire. Complaints will be dealt with by the Police and Crime Panel or as delegated under the Complaints Procedure.

1. Please provide us with your name and contact details (see section 5 if you have any concern about confidentiality):

Title:	First name:	Last name:
Address:		
		Postcode:
Contact telephone:		
Email address:		

Signature:
Date of complaint:

2. Please indicate below who your complaint is about (please tick):

- Police and Crime Commissioner for Derbyshire

- Deputy Police and Crime Commissioner for Derbyshire

3. Please provide details of your complaint in this section (or continue on separate sheets):

Please note that it is helpful to provide as much information as possible, to be specific regarding what was allegedly said or done, the date it happened and whether there were any witnesses.

Please refer to the Complaints Procedure for details of how your complaint will be handled. (available at www.derbyshire.gov.uk/community/derbyshire_police_and_crime_panel)

4. Are you a member of the Commissioner's staff? (please circle) YES / NO

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

The subject of the complaint will be provided with a copy of the complaint unless to do so:

- might prejudice any criminal investigation or pending proceedings, or
- would otherwise be contrary to the public interest.

In the interests of fairness and natural justice, we believe people who are complained about have a right to know who has made the complaint. The copy of the complaint provided may be anonymised, but we are unlikely to withhold your identity unless you have a good reason for it not to be disclosed.

Please note that requests for confidentiality will not automatically be granted. We will consider your request alongside the substance of your complaint and 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 to deal with the complaint 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:

6. Additional Help

If you need any support in completing this form, please let us know as soon as possible. We can also help if English is not your first language.

7. Please return to:

John McElvaney
Director of Legal Services
Derbyshire County Council
County Hall
Matlock,
Derbyshire
DE4 3AG

Telephone: 01629 538303
Email: john.mcelvaney@derbyshire.gov.uk
Fax: 01629 538326

8. Equalities Monitoring Form (optional)

So that we can make sure that we are providing everyone with the best possible service, we would ask you to give us a few details about yourself. Any information given in this section will be used for monitoring purposes only and will not affect the way your complaint is treated.

Gender (*please tick*):

<input type="checkbox"/>	Male
<input type="checkbox"/>	Female

Age (*please tick*):

<input type="checkbox"/>	Under 20
<input type="checkbox"/>	21-40
<input type="checkbox"/>	41-60
<input type="checkbox"/>	Over 60

Ethnic Group (*please tick*):

<input type="checkbox"/>	White British	<input type="checkbox"/>	Mixed White and Asian
<input type="checkbox"/>	White Irish	<input type="checkbox"/>	Any other Mixed Background
<input type="checkbox"/>	Other white background	<input type="checkbox"/>	Asian or Asian British Indian
<input type="checkbox"/>	Black or Black British Caribbean	<input type="checkbox"/>	Asian or Asian British Pakistani
<input type="checkbox"/>	Black or Black British African	<input type="checkbox"/>	Asian or Asian British Bangladeshi
<input type="checkbox"/>	Any other Black Background	<input type="checkbox"/>	Any other Asian Background
<input type="checkbox"/>	Mixed White and Black Caribbean	<input type="checkbox"/>	Chinese
<input type="checkbox"/>	Mixed White and Black African	<input type="checkbox"/>	Other Ethnic Group

Do you consider yourself to be a disabled person? (*please tick*)

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No