

DERBYSHIRE COUNTY COUNCIL

Complaints against Elected Members

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

Title:	First name:	Last name:
Address:		
		Postcode:
Contact telephone:		
Email address:		
Signature:		
Date of complaint:		

- 2. Please provide us with the name of the Elected Member or Members you believe have breached the Code of Conduct:**

- 3. 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.

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 details of your complaint in this section (continue on separate sheet if there is not enough room on this form):

A large, empty rectangular box with a thin black border, intended for the user to provide details of their complaint. The box is currently blank.

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.

4. 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 or requests for suppression of complaint details 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 and/or details of your complaint:

5. Additional Help

Complaints must be submitted in writing. This includes electronic submission. However, we can make reasonable adjustments to assist you if you have a disability that prevents you from making your complaint in writing.

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.

6. Please return to:

Helen Barrington
Monitoring Officer and Director of Legal Services
Derbyshire County Council
County Hall
Matlock,
Derbyshire
DE4 3AG

Telephone: 01629 538383

Email: helen.barrington@derbyshire.gov.uk

7. About you

To help monitor the services we offer to different sections of our community, we should be grateful if you would answer the following questions about yourself:

Gender (*please tick*):

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

Age (*please tick*):

<input type="checkbox"/>	24 and under
<input type="checkbox"/>	25 – 44
<input type="checkbox"/>	45 – 64
<input type="checkbox"/>	65 +

Do you consider yourself to have a disability? (*please tick*)

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

Ethnic Group (*please tick*):

<input type="checkbox"/>	White British
<input type="checkbox"/>	White Other
<input type="checkbox"/>	Mixed
<input type="checkbox"/>	Asian or Asian British
<input type="checkbox"/>	Black or Black British
<input type="checkbox"/>	Chinese
<input type="checkbox"/>	Other ethnic group (please state):