

# COMPLAINT FORM

## Code of Conduct for Members

Please read the information for Complainants before completing this form.

### Part 1 - Your Details

Please provide us with your name and contact details.

**Title**

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**First name**

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**Last name**

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**Address**

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---

**Postcode**

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**Daytime telephone**

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**Evening telephone**

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**Mobile telephone**

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**Email address**

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Your address and contact details will not usually be released unless it is necessary to deal with your complaint. However, we will tell the following people that you have made this complaint:

- the Member/Councillor you are complaining about
- the Parish or Town Clerk (if applicable)

We will tell them your name and give them a summary of your complaint.

In some cases, we may need to give full details of your complaint in order to deal with it. If you have serious concerns about your name and a summary, or full details of your complaint being released, please complete part 4 of this form.

## Part 2 - Your Complaint

Please provide us with the name of the Member/Councillor you believe have breached the Code of Conduct and the name of their Council.

Member/Councillor Name	Council Name

Please explain on page 3 (or on separate sheets) what the Member/Councillor has done that you believe breaches the Code of Conduct.

If you are complaining about more than one Member/Councillor you should clearly explain what each individual person has done to prompt your complaint.

It is important that you provide all the information you wish to have taken into account by the Assessment Sub-Committee. Your information will help the Sub-Committee decide whether to take any action on your complaint. For example...

- You should be specific about exactly what you are alleging the Member/Councillor 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, or if not, please give a general timeframe. If more than three months has passed since the alleged incident, please clearly explain why the complaint was not made during that period of time.
- You should confirm whether there are any witnesses to the alleged conduct and, if possible, provide their names and contact details.
- You should provide any relevant background information.

## Part 2 (continued) - Your Complaint

Please give us details of your complaint. Continue on separate sheet(s) if there is not enough space on this page.

## Part 3 - Confidentiality

**Please only complete this section if you are requesting that your identity is kept confidential.**

In the interests of fairness and natural justice, we believe Members/Councillors 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.

Requests for confidentiality will not automatically be granted. We are unlikely to withhold your identity or the details of your complaint unless you have good reason. For example, you may believe that you will be victimised because of your complaint.

The Assessment Sub-Committee will consider the request for confidentiality alongside the details of your complaint. The Monitoring Officer will then contact you with the decision.

If your request for confidentiality is not granted, we will usually allow you the opportunity to withdraw your complaint.

It is important to understand that in exceptional circumstances we may have no choice but to disclose your personal and complaint details, and proceed with an investigation (or other action). This is only likely to be the case if the allegation(s) made are very serious. The Monitoring Officer will discuss this with you if this applies to your complaint.

Please provide us with details of why you believe we should withhold your name and/or the details of your complaint. Continue on separate sheet(s) if there is not enough space on this page.

## Part 4 - Monitoring Information

Please tell us which type best describes you...

- A member of the public
- An Elected or Co-opted Member of an authority
- An Independent Member of the Standards Committee
- Member of Parliament
- Other council officer or authority employee
- Other (please state).....

## Equality Monitoring

Please fill in the attached form. See page 6.

## Part 5 - Additional Help

Complaints must be submitted in writing. You can send your written complaint by post, fax or email.

If you need additional support, for example, you are blind, partially sighted or have difficulty speaking, understanding, reading or writing English, please let us know what we can do to help you.

**If you would like this information in another format or language, please contact: 01422 393063**

اگر آپ کو یہ معلومات کسی دوسری زبان  
یا شکل میں چاہیے تو رابطہ کریں:

01422 393063

আপনি যদি এই তথ্য অন্য কোন মাধ্যম অথবা ভাষায় চান  
তাহলে দয়া করে যোগাযোগ করুন :

01422 393063

## Part 6 - Please send this form to...

The Monitoring Officer, Calderdale Council, Town Hall, Halifax HX1 1UJ

Telephone 01422 393063

Fax 01422 393073

Email [ian.hughes@calderdale.gov.uk](mailto:ian.hughes@calderdale.gov.uk)

## Equality Monitoring Form

The Council is trying to make sure that our services are accessed by as many customers and potential customers as possible. We recognise that every customer is different and that everyone matters. Monitoring is an essential part of tackling inequality and discrimination and, if done effectively, will help us check whether our policies, services and organisational culture are meeting the needs of our community. The information you provide will be kept confidential and will only be used by our departments and service areas.

### Completion of this form or any part of it is voluntary

(Please tick the appropriate box)

<b>Age</b>	Under 25	<input type="checkbox"/>	25 – 34	<input type="checkbox"/>	
	35 – 54	<input type="checkbox"/>	55 – 64	<input type="checkbox"/>	
	65+	<input type="checkbox"/>			
<b>Are you disabled?</b> (Disability is defined as 'A physical or mental impairment which has a substantial and long term adverse effect on a person's ability to carry out normal day to day activities')					
	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
<b>What is your ethnic origin?</b>					
<b>A White</b>		<b>B Mixed</b>			
British	<input type="checkbox"/>	White and Black Caribbean	<input type="checkbox"/>		
Irish	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>		
Any other White background please write below:		White and Asian	<input type="checkbox"/>		
		Any other Mixed background please write below:			
<b>C Asian or Asian British</b>		<b>D Black or Black British</b>			
Indian	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>		
Pakistani	<input type="checkbox"/>	African	<input type="checkbox"/>		
Bangladeshi	<input type="checkbox"/>	Any other background please write below:			
Other Asian background please write below:					
<b>E Other ethnic groups</b>					
Chinese	<input type="checkbox"/>				
Any other background please write below:					
<b>What is your religion or belief?</b>					
Christian	<input type="checkbox"/>	Athiest	<input type="checkbox"/>	Buddhist	<input type="checkbox"/>
Hindu	<input type="checkbox"/>	Sikh	<input type="checkbox"/>	Muslim	<input type="checkbox"/>
Jewish	<input type="checkbox"/>	Agnostic	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
No religion	<input type="checkbox"/>	Other (please state)			

