

COMPLAINT THAT A COUNCILLOR HAS BREACHED THE COUNCIL'S CODE OF CONDUCT



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:	

(Note: Details of your complaint may be shared with the Member(s) you are complaining against or the Parish or Town Clerk (where applicable). If you have concerns about your name and/or details of your complaint being released, please complete Section 6 of this form and discuss your concerns with the District Council's Monitoring Officer).

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 ()

Details of your complaint

3. 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

4. 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.

5. What would you like to see happen?

If possible, please indicate what action you are looking for or hoping to achieve by submitting this complaint.

Confidentiality of the complainant and the complaint details

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 and the substance of the allegation(s) made against them. We are, therefore, unlikely to withhold your personal details or the details of your complaint unless you have good reason to believe that you have justifiable grounds.

Please note that any 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 Information

7. Complaints must be submitted in writing. This includes fax and electronic submissions. However, in line with the requirements of the Disability Discrimination Act 1995, 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 or you require this document in large print.

If you need any support in completing this form, please let us know as soon as possible by contacting the District Council's Monitoring Officer whose details are given below.

Please return the completed form to:

Mr. Alan Muir
The Monitoring Officer
West Dorset District Council
Stratton House
58/60 High West Street
Dorchester
Dorset
DT1 1UZ

Tel: 01305 252205
Fax: 01305 252495

E-mail: a.muir@westdorset-dc.gov.uk

Signed by the complainant:

Dated:

West Dorset District Council

Equality Monitoring Form

This Council wishes to ensure that all complainants are given a good and fair service. To assist us with this it would be greatly appreciated if you could answer the questions set out below by ticking the appropriate boxes. This information will be held confidentially and used for monitoring purposes only. Completion is entirely optional and if you choose not to provide this information it will not affect how we deal with your complaint.

(A) Gender

Male Female

(B) Age

Under 16 41 – 59
16 – 19 60 – 64
20 – 24 65 and over
25 – 40

(C) Ethnic Group

<u>White</u>		<u>Mixed</u>	
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 enter details)	<input type="checkbox"/>	White and Asian	<input type="checkbox"/>
		Any other mixed background (please enter details)	<input type="checkbox"/>
<u>Asian or Asian British</u>		<u>Other Ethnic Background</u>	
Indian	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	Gypsy/Romany/Irish Traveller	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	Any other ethnic background (please enter details)	<input type="checkbox"/>
Any other Asian background (please enter details)	<input type="checkbox"/>		
<u>Black or Black British</u>		<u>Prefer not to say</u>	<input type="checkbox"/>
Caribbean	<input type="checkbox"/>		
African	<input type="checkbox"/>		
Any other Black background (please enter details)	<input type="checkbox"/>		

(D) Disability

Do you have a long standing illness or disability that affects your daily activities or the work that you do?

Yes No Prefer not to say

Note: A person is deemed to have a disability under the Disability Discrimination Act 1995 "if he or she has a physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day to day activities".