



East Sussex County Council

Complaint form

Please return this completed form to:

**The Monitoring Officer
East Sussex County Council
County Hall
St Anne's Crescent
LEWES BN7 1UE**

**Tel: 01273 481564
Fax: 01273 481208
Email: standards@eastsussex.gov.uk**

Data Protection Statement

The purpose of collecting your personal details on this form is to allow the County Council to process your complaint effectively. Once the form has been completed the Council will store the details securely and confidentially. Access to the information you provide will be on a strictly need to know basis (and in line with processes described below) and the information will be retained for six years before being securely disposed of / deleted from our systems. This information will not be shared externally with any other organisations or partners.

Please find attached an equality monitoring form. Completion of this form is optional. However, the information is collected in order to help the Council better meet customer needs and the needs of the community. The form will be separated from your complaint submission at the point of receipt. It will not be linked to the processing of your complaint in any way.

Your details

1. Please provide us with your name and contact details

Title:	
First name:	
Last name:	
Address:	
Postcode:	
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 member(s) you are complaining about
- 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 in order for them 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.

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	

3. Equality monitoring questions

Please complete the attached equality monitoring form to help us better meet your needs and the needs of the community.

Making your complaint

Once the Monitoring Officer has received your complaint, it will be referred to a sub-committee of the County Council's Standards Committee. The sub-committee will consider the complaint and any supporting information you have provided, and will decide whether the complaint requires further investigation. This initial assessment will take 20 working days on average to complete.

The sub-committee can decide your complaint should be dealt with by one of three ways:

- I. Referral of the complaint for investigation or other action;
- II. Referral of the complaint to the Standards Board for England;
- III. No further action.

You will be notified of the outcome, and will have the opportunity to have the decision reviewed should you disagree with the findings of the sub-committee.

4. 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

5. 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.

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. We also believe they have a right to be provided with a summary of the complaint.

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:

7. Additional help

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.

Equality Monitoring Form

Data Protection Statement

The purpose of collecting your personal details on this form is to allow the County Council to monitor information about our customers so that we can work towards equality for all. This form will be separated from your complaint submission at the point of receipt. It will not be linked to the processing of your complaint in any way. The Council will store the details securely and confidentially. Access to the information will be on a strictly need to know basis and the information will be retained for two years before being securely disposed of / deleted from our systems. This information will not be shared with any other organisations/partners and will only be used for anonymised statistical reporting purposes.

Gender information:

Please type an 'x' in the appropriate box.

Male:	<input type="checkbox"/>	Female:	<input type="checkbox"/>
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Age:	<input type="text"/>
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Ethnic origin information:

Please type an 'x' against the ethnic group you feel you belong to (source: 2001 census).

White		Mixed		Black or Black British		Asian or Asian British		Chinese and other	
British	<input type="checkbox"/>	White and Black Caribbean	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Irish	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>	African	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>		
Gypsy/Roma	<input type="checkbox"/>	White and Asian	<input type="checkbox"/>			Bangladeshi	<input type="checkbox"/>		
Traveller of Irish heritage	<input type="checkbox"/>								
Any other White background	<input type="checkbox"/>	Any other Mixed background	<input type="checkbox"/>	Any other Black background	<input type="checkbox"/>	Any other Asian background	<input type="checkbox"/>	Other ethnic group	<input type="checkbox"/>
If your ethnic group was not specified in the list and you selected one of the 'Other' options, please describe your ethnic group:									

Do you consider yourself to be disabled as set out in the Disability Discrimination Act?

The Disability Discrimination Act considers a person disabled if they have a longstanding physical or mental condition that has lasted or is likely to last at least 12 months; and this condition has a substantial adverse effect on their ability to carry out normal day to day activities:

Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
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I hereby give consent for my personal information to be processed as described above:

Name:	<input type="text"/>
Email address:	<input type="text"/>
Date:	<input type="text"/>