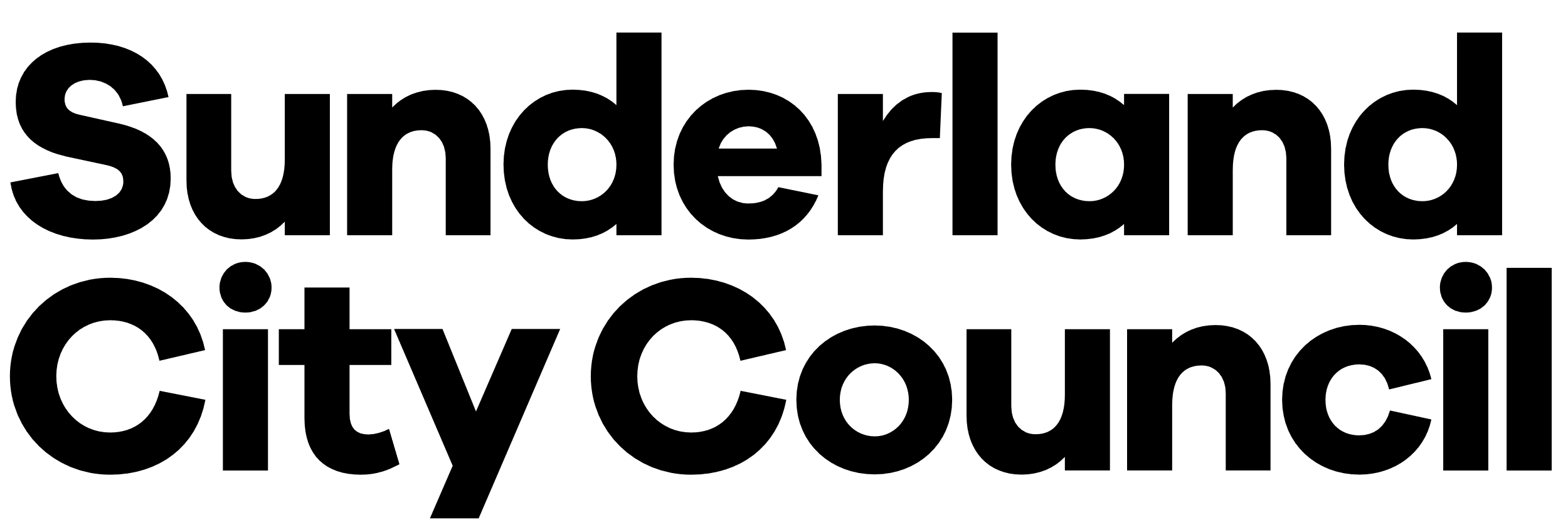
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###### COMPLAINT FORM – Alleged Breach of Members’ Code of Conduct

**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:** |  |

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 Clerk of Hetton Town Council (if your complaint is against a Town Councillor)
* the Standards Committee of the Council
* any other person whom we consider it necessary to inform to investigate your complaint properly

We may also inform the Council’s Independent Person(s).

We will usually tell them your name and either provide them with a copy of your complaint or a summary of it. If you have serious concerns about your name and a copy of your complaint or a summary being released, please complete section 6 of this form.

1. 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 ( )

1. 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 |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. 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.

The Monitoring Officer will determine whether or not your complaint will be referred to an Assessment Sub-Committee of the Standards Committee, in order for it to determine whether or not the complaint should be referred for investigation. In certain circumstances, for example, where the Monitoring Officer considers it to be clear that the Member was not acting in their capacity as a Councillor at the time of the alleged conduct, he/she will not refer your complaint to the Assessment Sub-Committee.

It is very important that you provide all the information you wish to have taken into account by the Monitoring Officer or the Standards Committee as appropriate. 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. Action on receipt of your complaint

We will write to you to let you know that we have received your complaint. Your complaint will then be considered by the Monitoring Officer who will decide whether it should be referred to the Assessment Sub-Committee, in order for the Sub-Committee to determine whether your complaint should be investigated.

We may decide that it will not be investigated for one or more of a number of reasons, for example:

* Complaints where a Member is not named
* Complaints that are not in writing
* Incidents or actions that are not covered by the Code of Conduct
* Incidents that are about a fault in the way the authority has or has not done something. This is known as maladministration and may be a matter for the Local Government Ombudsman
* Complaints about people employed by local authorities
* Incidents that happened before a Member was elected.

If we decide not to refer your complaint for investigation, we will write to you explaining why.

If we decide to refer your compliant for investigation, we will notify you accordingly. Following the completion of an investigation into an allegation, if the Investigating Officer concludes that the Member concerned has breached the Code of Conduct, then unless the complaint can be resolved informally, a Hearing Sub-Committee of the Council’s Standards Committee will meet to consider the allegation and the findings of the investigation.

**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 copy of your complaint or a summary of it.

We are unlikely to withhold your identity or the details of your complaint other than in exceptional circumstances (e.g. that you have good reason to believe that you will be at risk of physical harm, or your employment will be jeopardised if your identity is disclosed, or there are medical risks (supported by medical evidence) associated with your identity being disclosed).

Please note that requests for withholding your identity and/or details of your complaint, either altogether or for a period of time, will not automatically be granted. Any request for confidentiality will be considered as a preliminary matter. 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 and disclose your name, even if you have expressly asked us not to. You should also note that when a matter is referred for investigation, it is likely that at some point in the process we will have to tell the Member your identity and the details of the complaint, to enable them to respond and for the investigation to be completed.

|  |
| --- |
| Please provide us with details of why you believe we should withhold your name and/or the details of your complaint: |

**Additional Help**

**7.** Complaints must be submitted in writing. Fax and electronic submissions are permissible. 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.

You should contact the Complaints and Feedback Team (0191) 5612464.

|  |  |
| --- | --- |
| **Signed** | **Dated** |
|  |  |

This form once completed should be sent, along with any supporting documents, to:

Elaine Waugh

Monitoring Officer

Sunderland City Council

City Hall

Plater Way

Sunderland

SR1 3AA

or e-mailed to [City.Solicitor@sunderland.gov.uk](mailto:City.Solicitor@sunderland.gov.uk)

**Equality Monitoring Form**

# Sunderland City Council operates an Equality Policy. To help us make sure that everybody is treated fairly and equally we need to know who is making complaints. This information will help us to develop and change our policies and practices to ensure that no one is discriminated against.

To help us to do this we request that you complete the questions below. You do not have to do so but this information would be helpful to us. All of the information you give will be treated with the strictest of confidence and will be used for monitoring purposes only.

**Are you:**

Male

Female

**What is your age group?**

15 and under  16-24  25-39  40-59  60-64

65-74 75+

**Do you have any long standing illness or disability?**

(Long standing means anything that has troubled you over a period of time or that is likely to affect you over a period of time)

Yes

No

If yes, does this illness or disability limit your activities in any way?

Yes

No

Please state the impairment type(s) which applies to you:

Mobility

Visual impairment

Hearing Impairment/Deaf

Mental Health diagnosis

Other

Prefer not to say

**What is your ethnic group?**

1. **White**

British

Irish

Other  Please state ………………….

1. **Mixed**

White and Black Caribbean

White and Asian

White and Black African

Any other mixed background  Please state ………………….

1. **Asian or Asian British**

Indian

Bangladeshi

Pakistani

Any other Asian background  Please state ………………….

**D. Black or Black British**

Caribbean

African

Any other Black background  Please state ………………….

**E. Chinese**

**F. Any other ethnic group** Please state ………………….

**What is your sexual orientation?**

Bisexual

Gay Man

Gay women/lesbian

Heterosexual/straight

Other

Prefer not to say

**What is your religion? (Tick one box only)**

None

Christian

Buddhist

Hindu

Jewish

Muslim

Sikh

Any other religion  Please state. ……………….

Prefer not to say