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**COMPLAINTS AGAINST A STAFF MEMBER OF THE POLICE AND CRIME COMMISSIONER**

**Please read this guidance before you complete the form.**

If you feel that you have been treated unfairly by a member of the Police and Crime Commissioner’s team or consider that the team member has conducted himself/herself in a manner that falls below the standards that a reasonable person would expect, you have the right to make a complaint.

Please note however that this form should be completed in the event of making a complaint against a **team member of the Police and Crime Commissioner** only.

The South Wales Police and Crime Commissioner takes all complaints seriously and will endeavour to keep you fully informed of the progress of your complaint at each stage of the complaints process.

**Equality and Diversity**

You will note that the final page of the Complaints Form includes questions surrounding equality and diversity. Whilst completion of this section of the form is not mandatory, we ask you to provide the information required. It is simply so that we are able to monitor the profile of complainants so that we can identify trends that may be important.

For example if we identify that young people tend not to report complaints, we may need to consider ways to encourage younger people to report.  Or if more disabled people than non-disabled people complain about a service they have received, we may need to consider if our practices could be discriminating against disabled people.

This information will be treated confidentially and will not be associated with your personal complaint or used by anyone handling your complaint.

**Need some more advice?**

If you would like to talk to us about the complaints process prior to completing the form or if you have any difficulties completing this form please contact the South Wales Police and Crime Commissioner via the contact details below.

**Completing the Form**

Please use BLOCK CAPITALS when completing this form. If you have any difficulties in filling out this form or any enquiries about the complaints process prior to completing the form, which you wish to discuss please call 01656 869366. If you would like someone to act on your behalf (perhaps a friend or relative) please ensure that you provide their details and tick the relevant box to confirm your consent.

**Please return your completed form by post, fax or email to the address as detailed below.**

**Contact Details:**

South Wales Police and Crime Commissioner, Tŷ Morgannwg, Police Headquarters, Bridgend CF31 3SU

Telephone: 01656 869366

Fax: 01656 869407

Email: commissioner@south-wales.pnn.police.uk

**SECTION 1: COMPLAINANT’S DETAILS**

Please provide your contact details.

|  |  |  |  |
| --- | --- | --- | --- |
| **Title:**  **(Mr, Mrs, etc)** |  | **First name:** |  |
| **Surname:** |  | **Date of birth** |  |
| **Address:** |  | **Postcode:** |  |
| **Home telephone:** |  |
| **Work telephone:** |  |
| **Mobile telephone:** |  |
| **Email address:** |  | |

**Would you like someone to act on your behalf (perhaps a friend or relative)?**

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

If your answer is yes, please complete **Section 2: Third Party Contact Details**.

If your answer is no, please proceed to **Section 3: Team Member Details**.

**SECTION 2: THIRD PARTY CONTACT DETAILS**

**Please confirm that you give consent for this person to act on your behalf, by ticking this box:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Title:**  **(Mr, Mrs, etc)** |  | **First name:** |  |
| **Surname:** |  | **Date of birth** |  |
| **Address:** |  | **Postcode:** |  |
| **Home telephone:** |  |
| **Work telephone:** |  |
| **Mobile telephone:** |  |
| **Email address:** |  | |

**SECTION 3: TEAM MEMBER DETAILS**

Please provide any details that you may have about the team member you wish to make a complaint against.

If you do not know the name please provide details that may help identify the team member, for example, uniform, vehicle description, registration, appearance.

|  |  |
| --- | --- |
| **Name and any other identifier:** |  |

**SECTION 4: DETAILS OF YOUR COMPLAINT**

**Location: Where did the incident(s) happen that led to your complaint?**

Please be as specific as possible, you may wish to include details of landmarks etc:

|  |
| --- |
|  |

**Date and Time**: **When did the incident(s) happen that led to your complaint?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date(s)** |  | **Time:** |  |

**Or indicate the time period when the incident occurred:**

|  |  |  |  |
| --- | --- | --- | --- |
| **From:** |  | **To:** |  |

**What happened**: **Please describe the circumstances that have led to you feeling dissatisfied with the conduct /actions of the team member.**

Relevant details would include:

* Who was involved
* What was said and done
* Any other people who witnessed the incident and their details
* Details of any damage or injury

Please use the additional sheets entitled “Additional Information” attached to the back of this form if you wish to provide further details of your complaint.

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**SECTION 5: EQUALITY AND DIVERSITY**

We ask you to please complete the following equality monitoring information.   It is simply so that we are able to monitor the profile of complainants so that we can identify trends that may be important.  Thank you for assisting us with this important process which aims to ensure that our practices are fair and non-discriminatory.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Gender** | | | | | |
| Male | | |  | | |
| Female | | |  | | |
| **Optional Question**  Is your gender identity the same as the gender you were assigned at birth? | | | | | |
|
|
| Yes | | |  | | |
| No | | |  | | |
| **Disability** | | | | | |
| The definition of disability as defined under the Disability Discrimination Act is ‘a physical or mental impairment which has a substantial and long term adverse effect on ability to carry out normal day to day activities’. | | | | | |
| **a)** **Do you consider yourself to be disabled?** *(Please tick)* | | | | | |
| Yes | | |  | | |
| No | | |  | | |
| **b) If yes, how would you describe your *disability?*** *(tick all that apply)* | | | | | |
| Mobility impairment | | |  | | |
| Blind/visual impairment | | |  | | |
| Deaf/hearing impairment | | |  | | |
| Learning disability | | |  | | |
| Mental health condition | | |  | | |
| Long standing illness or health condition | | |  | | |
| **Sexual Orientation** | | | | | |
| Heterosexual / Straight | | |  | | |
| Bisexual | | |  | | |
| Gay | | |  | | |
| Lesbian | | |  | | |
| Prefer not to say | | |  | | |
| **Religion or Belief** | | | | | |
| Christian |  | Jewish | | |  |
| Buddhist |  | Muslim | | |  |
| Sikh |  | No religion | | |  |
| Hindu |  |  | | |  |
| Prefer not to say | | | | |  |
| Other *(Please state)* | | | | | |
| **Language** | | | | | | |
| Fluent Welsh speaker | | | |  | | |
| Reasonably proficient in Welsh | | | |  | | |
| Welsh learner | | | |  | | |
| Non Welsh speaker | | | |  | | |
| Other *(please detail language and* *ability)* | | | | | | |
| **Ethnic Group** | | | | | | |
| **White** | | | | | | |
| British | | | |  | | |
| English | | | |  | | |
| Scottish | | | |  | | |
| Welsh | | | |  | | |
| Irish | | | |  | | |
| Any other White background (please state) | | | | | | |
| **Mixed** | | | |  | | |
| White and Black Caribbean | | | |  | | |
| White and Black African | | | |  | | |
| White and Asian | | | |  | | |
| Any other Mixed background (please state) | | | | | | |
|
| **Asian – British, English, Scottish or Welsh** | | | | | | |
| Indian | | | |  | | |
| Pakistani | | | |  | | |
| Bangladeshi | | | |  | | |
| Any other Asian background(please state) | | | | | | |
| **Black – British, English, Scottish or Welsh** | | | | | | |
| Caribbean | | | |  | | |
| African | | | |  | | |
| Any other Black background (please state) | | | | | | |
| **Chinese or other Ethnic Group** | | | | | | |
| Chinese | | | |  | | |
| Gypsy / Traveller | | | |  | | |
| Any other background (please state) | | | | | | |

**ADDITIONAL INFORMATION**

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