

Application for Complaint Review

Using this form

Please use this form if you are unhappy about the outcome of your complaint, or about how your complaint has been handled.

The Office of the Police and Crime Commissioner must receive your review within 28 calendar days from the day after the date stated on your outcome letter. For example, if your letter is dated 1 April, you have to make sure we receive your review by 29 April.

Fields marked with an * are mandatory.

Accessibility

If it is difficult for you to use this form or this service – for example, if English is not your first language or you have a disability – please contact us:

Telephone: 0115 8445998

Email: officepcc@notts.police.uk

If you require any adjustments to support you through the complaints system, please outline these below.

What happens to the information in my reviews form?

The information you provide on this form will be entered into our systems. If the Office of the Police and Crime Commissioner is not the appropriate authority to consider your review, we may also need to pass the details of your review to the relevant police force/organisation. Please note, all the contents of this form (including your equality and diversity information) may be passed on.

For information about how we handle your personal information, please read our privacy notice at www.policeconduct.gov.uk/privacynotice

Where to send this reviews form

This form should be completed and sent to:

Email: complaint.reviews@notts.police.uk

Mail: Complaint Reviews, Office of the PCC, Sherwood Lodge, Arnold, Nottingham,

NG5 BPP

Section 1 - About you						
*Title:						
*First name(s):						
*Last name(s):						
Date of birth:						
Please provide at least two forms of contact below.						
Address:						
Email: Telephone:						
Preferred method of contact:						
Are you making the review for someone else? If the answer is no, you do not need to complete Section 2.						
Section 2 – Details of person on whose behalf you are making						
an review						
Do not complete this section, if you are making an review on your own behalf.						
If you are making this review on behalf of someone else, you must have permission from that person.						
What is your relationship to the person making the review?						
*Title:						
*First name(s):						
*Last name(s):						
Date of birth:						
Please provide at least two forms of contact below.						
Address:						
Email: Telephone:						
Preferred method of contact:						

Section 3 – Review details

Please attach the final decision letter from the police force or any additional documents that are relevant. The final decision letter from the police can help us process your review more quickly.

*Tell us which organisation handled the complaint?

Force reference number: This should be on any correspondence you have had from the force.

Please explain why you want to review. Please outline if you are unhappy with the way your case was recorded or handled, the way it was investigated or the final outcome of the case. Please provide details explaining why:

Please explain what you would like to happen. What can happen is dependent on the circumstances of the review. For example, if you are unhappy with the way your complaint has been handled (i.e. it has not been recorded or the investigation stopped) you may want your complaint to be recorded and investigated. If you are unhappy with the outcome of your complaint or the way it was investigated, you may want further evidence to be considered or you may want to suggest an alternative final outcome:

Section 4 – Confirmation that information provided is correct

I confirm the information	I have provided	is truthful an	id accurate to	the bes	t of i	my
knowledge.						

o	
Name:	
Date:	

Section 5 – Equality of service monitoring form

We want to make sure everyone has an equal chance to use and benefit from our services. To ensure we continue to do this, it would help us if you could answer the following questions. If you prefer, you do not have to answer these questions as it will not affect your review in any way.

The information provided in this form will be used by public bodies involved in the police complaints system, including the police and IOPC. You can find out how your personal information will be used in the privacy notices found on the website of each organisation.

Please mark all the answers that apply with an 'X'.

Sex:

- Female
- Male
- Intersex
- Other (please give details)

Is your gender different to the gender you were assigned at birth?

- Yes
- No
- Don't know

If yes, please state the gender you were assigned at birth:

Sexual orientation:

- Heterosexual/ straight
- Bisexual
- Gay/lesbian
- Not known
- Other (please state below)

Do you have a physical or mental impairment that has a substantially adverse and long-term effect on your ability to carry out normal day-to-day activities?

- Yes
- No
- Don't know

If you have answered 'yes' to the question above, which option below describes your disability?

- Hearing
- Learning difficulty
- Long standing illness or health condition
- Mental health condition
- Mobility or physical impairment
- Sight
- Other (please state below)

Ethnicity:

- White: English/Welsh/Scottish/Northern Irish/British
- White: Irish
- White: Gypsy, Traveller or Irish Traveller
- White: any other white background (please describe)
- Mixed: white and black Caribbean
- Mixed: white and black African
- Mixed: white and Asian
- Mixed: any other mixed/multiple ethnic background (please describe)
- Asian: Indian
- Asian: Pakistani
- Asian: Bangladeshi
- Asian: Chinese
- Asian: any other Asian background (please describe)
- Black: African
- Black: Caribbean
- Black: any other black/African/Caribbean background (please describe)
- Other: Arab
- Not known
- Other: any other ethnic group (please describe)

Religious belief/faith:

- No religion
- Christian (including Church of England, Catholic, Protestant and all other Christian denominations)
- Buddhist
- Hindu
- Jewish
- Muslim
- Sikh
- Any other religion (please describe)
- Not known

Pregnancy and maternity:

- Pregnant
- On maternity/paternity/adoption leave
- Returning from maternity/paternity/adoption leave
- None of the above

Section 6 - Feedback

We are constantly striving to improve our service. Please tell us if you have any feedback below.

Would you be happy to be contacted about your experience of the police complaints system?

- Yes
- No

Thank you for the information you have provided.

End of form.

This form should be completed and sent to the Office of the PCC by:

Email:

complaint.reviews@notts.police.uk

Mail:

Complaint Reviews, Office of the PCC, Sherwood Lodge, Arnold, Nottingham, NG5 8PP