

COMPLAINT FORM

Complaint against a Member

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, subject to what we tell you in paragraph 6, 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 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
- Member of Parliament
- Local authority monitoring officer
- Other council officer or authority employee
- Other ()

3. Equality monitoring questions

To ensure that publicity about the availability of the procedure for complaining about a Member is correctly targeted the Council wishes to ask you some questions about your background. These are contained on a separate sheet at the end of this form. Completion and return of that part of the form is entirely voluntary but it would assist the Council if you complete it as fully as possible.

Making your complaint

This form is intended for use only when a complaint is being made about the conduct of a Member and when you believe the Member has breached the provisions of the Member Code of Conduct. The process is not intended for use if you object to the political views of the Member or some aspect of the Council's policy.

Once a complaint has been received it will be acknowledged and then referred to the Monitoring Officer. The Monitoring Officer may ask you and the member for further information to inform a decision upon whether there might be a case for the Member to answer. Before taking action upon the complaint he will notify the Council's Independent Person to obtain that person's views upon the Monitoring Officer's proposed course of action.

If the Monitoring Officer decides to take no further action in regard to your complaint you will be notified about this and told the reason.

You will be kept informed by letter as your complaint progresses and given intended timescales for each step of the process. However if at any time you wish to have additional information please contact the Corporate Governance Team on telephone (01482) 613233

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 Monitoring Officer when he/she 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.

Additional Help

7. Complaints must be submitted in writing. This includes fax and electronic submissions.

To post this form please address it to:

Mr Ian Anderson
Monitoring Officer
Hull City Council
The Guildhall
Alfred Gelder Street
Kingston upon Hull
HU1 2AA

To send this form by 'fax please send it to: (01482) 614804

To send it by e-mail please send it to: nadine.wharam@hullcc.gov.uk

In line with the requirements of the Equality Act 2010 we can make reasonable adjustments to assist you if you have a disability that prevents you from making your complaint in writing in this event please telephone (01482) 613233.

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.

HULL CITY COUNCIL

EQUALITY MONITORING FORM

LOCAL ASSESSMENTS AND DETERMINATIONS

All sections are voluntary and all information gathered will only be used by ourselves for equalities monitoring. We will not pass your details onto anyone else.

If you wish you can detach this part of the form and send it by separate post to the Town Clerk, The Guildhall, Alfred Gelder Street, Hull HU1 2AA. (If you do not wish to be identified please do not insert your personal details below)

Personal details:

Name:

Address:

Post Code:

Contact number:

Email:

Please indicate your age group below (tick one):

16-25 26- 40 41-55 56-70 71+

What is your Ethnic Group

(a) White	<i>Please tick</i>
British	<input type="checkbox"/>
Irish	<input type="checkbox"/>
Any other white background (please give details)	<input type="checkbox"/>

(b) Mixed	<i>Please tick</i>
White and Black Caribbean	<input type="checkbox"/>
White and Black African	<input type="checkbox"/>
White and Asian	<input type="checkbox"/>
Any other Mixed background (please give details)	<input type="checkbox"/>

c) Asian or Asian British	<i>Please tick</i>
Indian	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>
Chinese	<input type="checkbox"/>
Any other Asian background (please give details)	<input type="checkbox"/>

d) Black or Black British	<i>Please tick</i>
Caribbean	<input type="checkbox"/>
African	<input type="checkbox"/>
Any other Black background (please give details)	<input type="checkbox"/>

e) Other Ethnic Group	<i>Please tick</i>
Arab	<input type="checkbox"/>
Gypsy/Romany/Irish Traveller	<input type="checkbox"/>
Any other (please give details)	<input type="checkbox"/>

Would you consider yourself disabled?

Yes/No

Date: