# Expression of dissatisfaction / Complaint form

## **Using this form**

Please use this form if you wish to express dissatisfaction or make a complaint about the Chief Constable. You may also use this form to make a complaint about other police officers and staff if they were involved in the same incident.

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: 01392 497700
Email: opcc@devonandcornwall.pnn.police.uk

If you require any adjustments to support you through the complaints system, please outline these below. For example, if you have a visual impairment, you may require written responses in larger text.

…………………………………………………………………………………………………………

## **What happens to the information in my complaint form?**

If we are not the appropriate authority to handle your complaint, we have a legal requirement to pass the details of your complaint to the relevant authority. In the majority of circumstances, this will be either the police force, or the Independent Office for Police Conduct. Please note, if we are required to pass your complaint to the relevant authority for handling, all the contents of this form (including your equality and diversity information) will be passed to them to record.

If you have any concerns about your information being passed to the police or the Independent Office for Police Conduct, or you require further information about how your data will be handled, please call us on 01392 225555 and ask for the Data Protection Officer.

For information about how we handle your personal information, please read our privacy notice at: <https://www.devonandcornwall-pcc.gov.uk/information-hub/freedom-of-information/data-protection/>

## **Where to send your complaint form**

This form should be completed and sent to us using the following methods:

* Writing to the Police and Crime Commissioner, Andy Hocking House, Alderson Drive, Exeter, EX2 7RP
* Emailing opcc@devonandcornwall.pnn.police.uk

## **Section 1 - About you**

**\*Title:** …………………………………………………………………………………………………

**\*First name(s):** ……………………………………………………………………………………...

**\*Last name(s):** ……………………………………………………………………………………...

**Date of birth:** ………………………………………………………………………………………..

*Please provide at least one form of contact below.*

**Address:** …………………………………………………………………………………………….

**Email:** ………………………………………………………………………………………………...

**Telephone:** ………………………………………………………………………………………….

**Preferred method of contact:** *Please mark your answer with an ‘X’.*

|  |  |  |
| --- | --- | --- |
| [ ]  Email | [ ]  Telephone | [ ]  Post |

**Are you making the complaint for someone else?** *If the answer is no, you do not need to complete Section 2.*

|  |  |
| --- | --- |
| [ ]  **Yes** – Please complete section 2.  | [ ]  **No** – Please go to section 3. |

## **Section 2 – Details of person on whose behalf you are making a complaint**

Do not complete this section if you are making a complaint on your own behalf.
If you are making this complaint on behalf of someone else, you must have permission from that person.

**What is your relationship to the person making the complaint?** ……………………….

**\*Title:** ……………………………………………………………………………………………….

**\*First name(s):** ……………………………………………………………………………………

**\*Last name(s):** …………………………………………………………………………………….

**Date of birth:** ………………………………………………………………………………………

*Please provide at least one form of contact below.*

**Address:** ……………………………………………………………………………………………

**Email:** ………………………………………………………………………………………………..

**Telephone:** ………………………………………………………………………………………….

**Preferred method of contact:** *Please mark your answer with an ‘X’.*

|  |  |  |
| --- | --- | --- |
| [ ]  Email | [ ]  Telephone | [ ]  Post |

## **Section 3 – Complaint details**

**\*Who is your complaint about?**

**(If your complaint is about the Chief Constable and other police officers or staff, we are required to forward the handling of the complaint about the other named persons to the police for handling)**

………………………………………………………………………………………………………..

**When did it happen?** *(If known):* …………………………………………………………………

**What time did it happen?** *(If known):* ……………………………………………………………

**Where did it happen?** *This information will help us to identify the correct incident.*

**Incident reference number** *(if you have one. An incident reference number may have been provided to you if police attended an incident you were involved in – this field is not mandatory.)*
…………………………………………………………………………………………………………

**\* What is your complaint about?** *Please consider using the following details to describe your complaint: what your complaint is about, who was involved, if there was any damage or injury, what was said and done.*

*This will not be your only opportunity to explain what happened. We (or the police force or Independent Office for Police Conduct as appropriate) will contact you about your complaint and ask for more details.*…………………………………………………………………………………………………………

…………………………………………………………………………………………………………

…………………………………………………………………………………………………………

…………………………………………………………………………………………………………

…………………………………………………………………………………………………………

…………………………………………………………………………………………………………

…………………………………………………………………………………………………………

…………………………………………………………………………………………………………

…………………………………………………………………………………………………………

…………………………………………………………………………………………………………

…………………………………………………………………………………………………………

…………………………………………………………………………………………………………

…………………………………………………………………………………………………………

…………………………………………………………………………………………………………

…………………………………………………………………………………………………………

…………………………………………………………………………………………………………

**\*What would you like to happen as a result of your complaint?** *Please mark all the answers that apply with an ‘X’.*

[ ]  The police force or other organisation to learn from the incident

[ ]  Individual officers or staff involved to learn from the incident

[ ]  Individual(s) or other organisations involved to be criminally prosecuted

[ ]  Individual(s) involved to face disciplinary procedures

[ ]  Gesture of goodwill from the police force or other organisation

[ ]  Individual(s) to apologise/acknowledge something went wrong.

[ ]  Police force or other organisation to apologise/acknowledge something went wrong

[ ]  Explanation from the individual(s)

[ ]  Explanation from the police force or other organisation

[ ]  Police force or other organisation to return property

[ ]  Removal of information from police or other organisation systems

[ ]  Police or other organisations to review policy/procedure

[ ]  Don’t know

[ ]  Other (please state) …………………………………………………………………………….

 **Do you believe the incident you are complaining about involved discrimination? Discrimination refers to being treated differently because of who you are or because you possess certain characteristics**. *Please mark your answer with an ‘X’.*

|  |  |
| --- | --- |
| [ ]  Yes  | [ ]  No |

**If you believe discrimination was involved in the incident you are complaining about, please mark one or more of the characteristics involved with an ‘X’:**

[ ]  Age

[ ]  Disability

[ ]  Gender/gender reassignment

[ ]  Race

[ ]  Religion and belief

[ ]  Sexual orientation

[ ]  Other (please state)…………………………………………………………………………

## **Section 4 – Details of the police officer/staff member(s) that you are complaining about**

**Do you know any details about the police officers/police staff involved in your complaint?** *Please note, when you are contacted about your complaint you will be given further opportunity to describe any officer/staff member.*

|  |  |
| --- | --- |
| [ ]  Yes  | [ ]  No |

**Please provide the rank, number, first name(s) and/or last name(s) of the officer(s) below**.

……………………………………………………………………………………………………

………………………………………………………………………………………………………

## **Section 5 – Witnesses to the incident**

*Please note: when you are contacted about your complaint you will have the opportunity to describe any further witnesses****.***

**Were there any witnesses?**

|  |  |
| --- | --- |
| [ ]  Yes  | [ ]  No |

 **Do you know the contact/identification details of any witnesses?**

|  |  |
| --- | --- |
| [ ]  Yes  | [ ]  No |

 **Please provide the first name(s), last name(s) and any contact details for the witness(es) below:**

………………………………………………………………………………………………………..

………………………………………………………………………………………………………..

………………………………………………………………………………………………………..

## **Section 6 – Additional information**

**Would you like to give us any other information? Please add any other relevant information below:**
……………………………………………………………………………………………………

……………………………………………………………………………………………………

……………………………………………………………………………………………………

## **Section 7 – Confirmation that information provided is correct**

I confirm the information I have provided is truthful and accurate to the best of my knowledge.

Name: ……………………………………………………… Date: …………………………..

## **Section 8 – Equality of service monitoring form**

We want to make sure everyone has an equal chance to use and benefit from our services. To help us 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 complaint in any way.

The information provided in this form will be used by public bodies involved in the police complaints system, including us, 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 a ‘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 9 – 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 us using the contact methods provided earlier.