



COMPLAINT FORM

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 that you are complaining about;
- The Monitoring Officer of the City of London Corporation.

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
- An Independent Member of the Standards Committee
- Member of Parliament
- Local Authority Monitoring Officer
- Other Council officer or authority employee
- Other (please specify.....)

3. Equality Monitoring Issues

I would describe my racial or cultural origin as:-

- | | |
|--|---|
| <p>a Asian</p> <p>Asian – Bangladeshi <input type="checkbox"/></p> <p>Asian – British <input type="checkbox"/></p> <p>Asian – Indian <input type="checkbox"/></p> <p>Asian – Pakistani <input type="checkbox"/></p> <p>Any other Asian background <input type="checkbox"/></p> <p>please specify:</p> | <p>b Black</p> <p>Black – African <input type="checkbox"/></p> <p>Black – British <input type="checkbox"/></p> <p>Black – Caribbean <input type="checkbox"/></p> <p>Any other Black background <input type="checkbox"/></p> <p>please specify:</p> |
| <p>c Chinese</p> <p>Chinese <input type="checkbox"/></p> | <p>d Irish</p> <p>Irish <input type="checkbox"/></p> |
| <p>e Mixed</p> <p>Asian & White <input type="checkbox"/></p> <p>Black & White <input type="checkbox"/></p> <p>Any other mixed background <input type="checkbox"/></p> <p>please specify:</p> | <p>f White</p> <p>White British <input type="checkbox"/></p> <p>White European Union <input type="checkbox"/></p> <p>Any other White background <input type="checkbox"/></p> <p>please specify:</p> |
| <p>g Other Ethnic Group</p> <p>please specify: <input type="checkbox"/></p> <p>.....</p> | |

MAKING YOUR COMPLAINT

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	Authority

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 assessment sub Committee when it 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.

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 that they have the right to be provided with a summary of the complaint. We are unlikely to withhold your identity or the details of your complaint unless:

- You have reasonable grounds for believing that you will be at risk of physical harm if your identity is disclosed;
- You are an officer who works closely with the subject Member and you are afraid of the consequences to your employment or of losing your job if your identity is disclosed;
- You suffer from a serious health condition and there are medical risks associated with your identity being disclosed.

Please note that requests for confidentiality or requests for suppression of complaint details will not be automatically granted. The Assessment sub-Committee will consider the request alongside the substance of your complaint. We will then contact you with the decision. If your request for confidentiality is not granted, we will usually allow you the option of withdrawing your complaint.

However, it is important that in certain exceptional circumstances where the matter complained about is very serious, we can proceed with an investigation or other action and disclose your name even if you have expressly asked us not to.

Please provide us with the details of why you believe we should withhold your name and/or details of your complaint. Continue on a separate sheet if there is not enough space on this form:

7. ADDITIONAL HELP

Complaints must be submitted in writing. 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.