

Tyne and Wear Fire and Rescue Authority

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(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
- An independent member of the Governance
- Committee
- Member of Parliament
- Local authority monitoring officer
- Other council officer or authority employee
- Other ()

Making your complaint

When we receive your complaint, we will write to you to let you know that we have received it. We will then assess your complaint. We may decide that it will not be investigated for one or more of a number of reasons for example:

- Complaints where a member is not named.
- Complaints that are not in writing
- Incidents or actions that are not covered by the Code of Conduct
- Incidents that are about a fault in the way the authority has or has not done something. This is known as maladministration and may be a matter for the Local Government Ombudsman
- Complaints about people employed by local authorities
- Incidents that happened before a member was elected.

If we decide not to refer your complaint for investigation, we will write to you explaining why.

If we decide to refer your complaint for investigation, we will write to you to let you know when the investigation has started and, when it is over, we will write to you to tell you the outcome.

3. 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

4. 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 subcommittee 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

5. 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 they have a 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 good reason to believe that you will be at risk of physical harm, or your employment will be jeopardised if your identity is disclosed, or there are medical risks (supported by medical evidence) associated with your identity being disclosed.

Please note that requests for confidentiality or requests for suppression of complaint details will not automatically be 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 to understand 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 details of why you believe we should withhold your name and/or the details of your complaint:

Additional Help

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

You should contact Mrs M Douglas, Customer Services Manager
(0191) 561 1065, email:

Margaret.douglas@sunderland.gov.uk.

Equality Monitoring Form

Tyne and Wear Fire and Rescue Authority operates an Equality Policy. To help us make sure that everybody is treated fairly and equally we need to know who is making complaints. This information will help us to develop and change our policies and practices to ensure that no one is discriminated against.

To help us to do this we request that you complete the questions below. You do not have to do so but this information would be helpful to us. All of the information you give will be treated with the strictest of confidence and will be used for monitoring purposes only.

Are you:

Male

Female

What is your age group?

15 and under

16-24

25-39

40-59

60-64

65-74

75+

Do you have any long standing illness or disability?

(Long standing means anything that has troubled you over a period of time or that is likely to affect you over a period of time)

Yes

No

If yes, does this illness or disability limit your activities in any way?

Yes

No

Please state the impairment type(s) which applies to you:

Mobility

Visual impairment

Hearing Impairment/Deaf

Mental Health diagnosis

Other

Prefer not to say

What is your ethnic group?

White

British

Irish

Other Please state _____

Mixed

White and Black Caribbean

White and Asian

White and Black African

Any other mixed background Please state _____

Asian or Asian British

Indian

Bangladeshi

Pakistani

Any other Asian background Please state _____

Black or Black British

Caribbean

African

Any other Black background Please state _____

Chinese

Any other ethnic group Please state _____

What is your sexual orientation?

Bisexual

Gay Man

Gay women/lesbian

Heterosexual/straight

Other

Prefer not to say

What is your religion? (Tick one box only)

None

Christian

Buddhist

Hindu

Jewish

Muslim

Sikh

Any other religion Please state. _____

Prefer not to say