**MEMBER CODE OF CONDUCT COMPLAINT FORM**

To: The Monitoring Officer

Broxtowe Borough Council

Foster Avenue,

Beeston,

Nottingham

NG9 1AB

**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:** |  |
| **Date Complaint submitted** |  |

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 Council
* the Council’s Independent Person
* officers involved in investigation or informal resolution (if applicable)

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 7 of this form to request your details are treated as ‘Confidential’.

1. Please tell us which Complainant type best describes you:

Member of the public

An elected or co-opted Member a Council, Town or Parish Council, please specify which Council:

Local Council Monitoring Officer

Other Council officer or Council employee

Other, please specify

**Equality Monitoring**

The Council’s Equality Monitoring Questionnaire is attached at the end of the form. The completion of this form is voluntary and any information will be treated as confidential, and will not be disclosed when your complaint is considered.

**Making your complaint – Initial Intake test**

1. The Assessment Criteria (in the local arrangements for dealing with Code of Conduct complaints) sets out an initial intake test that is applied to Member and Co-opted Member complaints. Please answer the questions below so your complaint can be checked against the initial intake test, which requires your complaint to meet the following requirements:

1. Is the complaint against one or more named Member or Co-opted Member of the Council or a Parish or Town Council within their jurisdiction?

Yes, please provide necessary detail below;

No

Not sure

2. The named Member or Members were in Office at the time of the alleged conduct and the Code of Conduct was in force at the time;

Yes

No

Not sure

3 The named Member or Members were acting in their official capacity when the alleged conduct took place.

Yes

No

Not sure

4. Have you given your name and contact details at the top of the form.

Yes

No, if not please complete the request for confidentiality under section 7

An exception not to disclose your identity must be applied for ( further details on requests for ‘Confidentially’ can be found under section 6 of the arrangements for dealing with Code of Conduct complaints) under section 7 of this form, if you are not providing your details.

**Please note, the Council will not normally investigate anonymous complaints, unless there is a clear public interest in doing so.**

5. Is the complaint an allegation under the Code of Conduct rather than dissatisfaction of a Council’s service, decision or a statement of policy disagreement.

Yes

No

6. Is the complaint about events that occurred within the last 3 months?

Yes

No

If you have any exceptional reasons why you were not able to make this complaint earlier, please provide details in the box below:

|  |
| --- |
|  |

7. Is the complaint being dealt with by the police, Ombudsman or another complaint process (in this case the complaint will not be assessed until after the other process has been completed)?

Yes the complaint is being dealt with by another process

No

If you answered yes above, please provide detail in the table below of which other organisation is dealing with the issues complained of and a contact name and number of the person progressing this matter, if know, and the stage the matter has progressed to:

|  |
| --- |
|  |

8. Is the complaint being made about the Member within 6 weeks prior to an election day (if the complaint is within the 6 week period the complaint will not be assessed until after the election outcome has been announced.

Yes

No

If you answered yes above please provide detail in the table below:

|  |
| --- |
|  |

**N.B Please note, if the complaint fails one or more of these tests it will not be progressed and the Complainant will be informed that the complaint has been rejected and No Further Action will be taken, with the exception of complaints which fall under 7 and 8 above, which may be progressed for assessment after the date the other process has been completed or after the election outcome.**

The Member being complained of will normally be informed of the of the nature of the complaint and your details unless an exception under the confidentially section has been agreed.

1. **Please provide us with the name of the Member(s) or Co-opted Member(s) you believe have breached the Code of Conduct and the name of their Council:**

| **Title** | **First name** | **Last name** | **Council name** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **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 (preferably on separate complaint forms for each Member or Co-opted Member) has done or said and how you believe this breaches the Code of Conduct.**

It is important that you provide with this complaint form, **all the information** you wish to have taken into consideration and for a decision to be made on 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 and **what part of the Code you say they failed to comply with**. 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 and include copies of any documents, photographs or other records you are relying on.

**Please provide us with details of your complaint. Continue on a separate sheet if there is not enough space on this form.**

1. **Please indicate which paragraphs of the Code of Conduct you consider the Member(s) or Co-opted Member to have breached by ticking the appropriate box(es).**

| **Code of Conduct Obligation** | **Tick if you consider this obligation was breached** | **How did the Member breach this obligation** |
| --- | --- | --- |
| 1. Respect |  |  |
| 2. Bullying, harassment and discrimination |  |  |
| 3. Impartiality of officers of the Council |  |  |
| 4.Confidentiality and access to information |  |  |
| 5. Disrepute |  |  |
| 6. Use of position |  |  |
| 7. Use of Council resources and facilities |  | . |
| 8. Making decisions |  |  |
| 9. Complying with the Code of Conduct |  |  |
| 10. Interests |  |  |
| 11. Gifts and hospitality |  |  |
| 12. Dispensations |  |  |

The Member Code of Conduct is available on the Council’s website in Chapter 5 Part 1 of the Council’s Constitution **www.broxtowe. gov.uk/constitution** or online under the complaints section under Member complaints or a copy can be requested from the Monitoring Officer by emailing membercomplaints@broxtowe.gov.uk.

1. **Confidentiality**

**Only complete this next section if you are requesting that your identity is kept confidential.**

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 provide us with an explanation of the exceptional reason why you think your details and/or identity should be kept confidential. More details of what may be considered to be exceptional circumstances are set out in our arrangement for Code of Conduct complaints, which can be found on the Council website under Councillor Complaints.

A request for confidentially should be made when submitting this complaint form, to allow time for proper consideration of this request.

Please note that requests for confidentiality or requests for suppression of complaint details will not automatically be granted. 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 mark an X in the boxes below to confirm that you consent to disclosure of your identity and details of your complaint being shared with the Member being complained of and with those identified in section 1 above (if applicable):

1. I agree to my identify being disclosed

Yes

No

1. I agree to the detail of my complaint being disclosed

Yes

No

If you have answered **No** to either or both of the above questions:

**Please provide us with details of why you believe we should withhold your name and/or the details of your complaint:**

1. **Informal Resolution**

It is often possible to resolve complaints without recourse to formal investigation and hearing. In such cases it is important that appropriate action to seek to achieve informal resolution of the matter is undertaken without delay.

To assist us in doing this it would be helpful if you could describe what remedy you are seeking/what action you think would be appropriate to resolve your complaint.

|  |
| --- |
| **Please provide us with details of what remedy you are seeking/what action you think might provide a satisfactory resolution to your complaint**. |

1. **Additional Help**

Complaints must be submitted in writing. This includes 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.

The Council has access to a language line and can assist you to complete this form if English is not your first language. If you require any assistance, please contact Sach Khosa, Monitoring Officer on 01159173221.

**Please note, we will not be able to progress your complaint without receiving all the requested information, so it is important that you seek assistance to complete this form or provide this information, if necessary.**

**Complainants are asked to treat the complaint confidential whilst the matter is being investigated.**

Please sign below to confirm that you have provided **all the information** requested in the complaint form and the content of this information is true to the best of your knowledge and belief.

**Signed……………………………………. Date……………………………**

**Equality monitoring**

The completion of the Council’s Equality Monitoring is voluntary and any information will be treated as confidential, and will not be disclosed when your complaint is considered.

**Ethnicity Monitoring Categories**

How would you class yourself? Please tick

**White Asian or Asian British**

British  Indian

Irish  Pakistani

Any other White background  Bangladeshi

Any other Asian background

**Black or Black British Other Ethnic Groups**

Caribbean  Chinese

African  Any other Ethnic group

Any other Black background  Not stated

**Mixed**

White and Black Caribbean  Male

White and Black African  Female

White and Asian

Not stated

Any other Mixed background

**Disability Monitoring Question**

Do you consider yourself as disabled or have any long term heath problem that limits daily activity?

Yes  No

**Age Monitoring Categories**

Which of the following age groups do you belong to?

17 years and under  18-24

25-29  30-44

45-59 60-64

65+