# Complaint Review Form

## **Using this form**

Please use this form if you are unhappy about the outcome of your complaint, or about how your complaint has been handled.

Whether your application is treated as a review or an appeal depends on the date you made your complaint. This is because from 1 February 2020, new laws took effect replacing the former right of appeal with a new right of review. If your complaint was made on or after 1 February 2020, you have a right of review which will be dealt with by the Staffordshire Commissioner's office. If it was made before 1 February 2020, you have a right of appeal via Staffordshire Police.

**The Staffordshire Commissioner’s Office must receive your application for review/appeal within 28 days from the day after the date stated on your outcome letter from Staffordshire Police’s Professional Standards**

**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:

Email: **Review@staffordshire-PFCC.pnn.gov.uk**

Telephone: 01785 232457

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 the Commissioner’s office to provide written responses in larger text.

**What happens to the information in my review form?**The information you provide on this form will be entered into our systems. We may also need to pass the details of your review to the relevant police force/organisation. Please note, all the contents of this form (including your equality and diversity information) may be passed to the relevant police force.

If you have any concerns about your information being passed to the police or you require further information about how your data will be handled, please call us on 01785 232457.

For information about how we handle your personal information, please read our privacy notice at <https://staffordshire-pfcc.gov.uk/privacy/>

**Where to send this review form**

This form should be completed and sent to the Staffordshire Commissioner’s office by:

**Email:** Review@staffordshire-PFCC.gov.uk

 **Postal Address:** FAOCompliance Manager

Staffordshire Commissioners Office

Block 9

Weston Road

 Stafford

ST18 0YY

**Section One - Who is requesting the review?**

1. Are you making a complaint on your own behalf? Complete section 2
2. Are you making a complaint on behalf of someone else? Complete section 2 & 3
3. Are you making a complaint on your own behalf and someone else? Complete sections 2 & 4

**Section Two – Person requesting the review**

**Your Details**

Title ­­­­­­­­­­­­­­­­­­­­­­­­­­ ­­­­­­­­

First Name

Surname

Organisation (If applicable)

Date of birth

**Contact details**

Address

Email Address

Phone number

**Section 3** - **Complainants details**

Title

First Name

Surname

Date of birth

**Section 3 - Contact details**

Address

Email Address

Phone number

**Section 4 - Additional Complainants details**

Title

First Name

Surname

Date of birth

**Section 4 - Additional Contact details**

Address

Email Address

Phone number

Preferred method of contact Email

[Grab your reader’s attention with a great quote from the document or use this space to emphasize a key point. To place this text box anywhere on the page, just drag it.]

 Telephone

[Grab your reader’s attention with a great quote from the document or use this space to emphasize a key point. To place this text box anywhere on the page, just drag it.]

 Post

[Grab your reader’s attention with a great quote from the document or use this space to emphasize a key point. To place this text box anywhere on the page, just drag it.]

**Section 5 – Organisation Information**

Organisation

Date of Complaint

Complaint reference number

**Section 6 – Your review grounds**

**Please explain why you want to request a review (if more space required continue on page 6)**

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**Section 7 - Outcome from this review**

What would you like to see happen as a result of this review? Please note we can’t guarantee an outcome)

* the police to learn from the incident

[Grab your reader’s attention with a great quote from the document or use this space to emphasize a key point. To place this text box anywhere on the page, just drag it.]

* the individual officers or staff involved to learn from the incident

[Grab your reader’s attention with a great quote from the document or use this space to emphasize a key point. To place this text box anywhere on the page, just drag it.]

* individuals or the police involved to be criminally prosecuted

[Grab your reader’s attention with a great quote from the document or use this space to emphasize a key point. To place this text box anywhere on the page, just drag it.]

* individuals involved to face disciplinary procedures

[Grab your reader’s attention with a great quote from the document or use this space to emphasize a key point. To place this text box anywhere on the page, just drag it.]

* the force to apologise/acknowledge something went wrong

[Grab your reader’s attention with a great quote from the document or use this space to emphasize a key point. To place this text box anywhere on the page, just drag it.]

* an explanation from the police

[Grab your reader’s attention with a great quote from the document or use this space to emphasize a key point. To place this text box anywhere on the page, just drag it.]

* to return property

[Grab your reader’s attention with a great quote from the document or use this space to emphasize a key point. To place this text box anywhere on the page, just drag it.]

* removal of information from police systems

[Grab your reader’s attention with a great quote from the document or use this space to emphasize a key point. To place this text box anywhere on the page, just drag it.]

* a review of policy/procedure

[Grab your reader’s attention with a great quote from the document or use this space to emphasize a key point. To place this text box anywhere on the page, just drag it.]

* I don't know

[Grab your reader’s attention with a great quote from the document or use this space to emphasize a key point. To place this text box anywhere on the page, just drag it.]

* something not in this list

[Grab your reader’s attention with a great quote from the document or use this space to emphasize a key point. To place this text box anywhere on the page, just drag it.]

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**Section 8 - Do you have any information that you wish to supply with your review**

**Yes No**

[Grab your reader’s attention with a great quote from the document or use this space to emphasize a key point. To place this text box anywhere on the page, just drag it.]

[Grab your reader’s attention with a great quote from the document or use this space to emphasize a key point. To place this text box anywhere on the page, just drag it.]

If yes please ensure you attach any documentation to your request. If you have an audio or visual evidence then please send this to Review@staffordshire-PFCC.gov.uk

**Section 9 – Feedback**

**Confirmation and Completion**

I confirm I agree that the information provided in this form will be used by public bodies involved in the complaints system, including the police and IOPC.

**Section 10 - Equality of service monitoring form**

The Staffordshire Commissioner’s Office is committed to treating people fairly and promoting good relations between members of the police service, partner agencies and our communities.

The information is required so that we can better understand the needs and expectations of our communities, and in order to meet our statutory obligations. We are required to supply reports to the Home Office and Independent office for Police Conduct on how Staffordshire Police carry out policing. Any information supplied is in the form of statistical data only- no personal details are disclosed.

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| --- | --- |
| **Nationality:**  | Choose an item. |

|  |  |
| --- | --- |
| White:  | Choose an item. |
| Mixed:  | Choose an item. |
| Asian or Asian British:  | Choose an item. |
| Black or Black British:  | Choose an item. |
| Other:  | Choose an item. |

|  |  |
| --- | --- |
| **Age:** | Choose an item. |

|  |  |
| --- | --- |
| **Religion or Belief:** | Choose an item. |
| **Disability:** | Choose an item. |

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| --- | --- |
| **Sexual Orientation:** | Choose an item. |

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| --- | --- |
| **Gender: (Individuals Choice)** | Choose an item. |

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| **Sex: (At Birth)** | Choose an item. |
| **Gender Reassignment:** | Choose an item. |

**Continuation of review grounds**

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