

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. For example, if your letter is dated 1 April, you have to make sure we receive your review/appeal by 29 April.

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: 01785 232457

Email: Review@staffordshire-PFCC.pnn.gov.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 the Commissioner's office to provide written responses in larger text.

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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.pnn.gov.uk

Mail: Compliance Manager, Staffordshire Commissioners Office, Block 9, Weston Road, Stafford ST18 0YY

Section 1 - About you

***Title:**

***First name(s):**

***Last name(s):**

Date of birth:

Please provide at least two forms of contact below.

Address:

Email:

Telephone:

Preferred method of contact: Please mark your answer with an 'X'

☐ Email

☐ Telephone

☐ Post

Are you applying for a review for someone else? Please mark your answer with an 'X'.
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 applying for a review

Do not complete this section, if you are applying for a review on your own behalf.

If you are applying for review on behalf of someone else, you must have permission from that person.

What is your relationship to the person applying for a review?

***Title:**

***First name(s):**

***Last name(s):**

Date of birth:

Please provide at least two forms of contact below.

Address:

Email:

Telephone:

Preferred method of contact: Please mark your answer with an 'X'.

☐ Email

☐ Telephone

☐ Post

Section 3 – Review details

Please attach the final decision letter from the police force or any additional documents that are relevant. The final decision letter from the police can help us process your review more quickly.

***Tell us which organisation handled the complaint?**

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Force reference number: *This should be on any correspondence you have had from the force.*

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Please explain why you want to apply for a review. *Please outline if you are unhappy with the way your case was recorded or handled, the way it was investigated or the final outcome of the case. Please provide details explaining why.*

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Please explain what you would like to happen. *What can happen is dependent on the circumstances of the case. If you are unhappy with the outcome of your complaint or the way it was investigated, you may want to suggest an alternative final outcome.*

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Section 4 – 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 5 – Equality of service monitoring form

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

The information provided in this form will be used by public bodies involved in the police complaints system.

Please mark all the answers that apply with an 'X'

Sex:

Female

Male

Intersex

Other (please give details)

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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

Is your gender different to the gender you were assigned at birth?

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)

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If yes, please state the gender you were assigned at birth:

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Sexual orientation:

Heterosexual/ straight

Bisexual

Gay/lesbian

Not known

Other (please state below)

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Ethnicity:

White: English/Welsh/Scottish/Northern Irish/British

White: Irish

White: Gypsy, Traveller or Irish Traveller

White: any other white background
(please describe)

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Mixed: white and black Caribbean

Mixed: white and black African

Mixed: white and Asian

Mixed: any other mixed/multiple ethnic
background (please describe)

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Asian: Indian

Asian: Pakistani

Asian: Bangladeshi

Asian: Chinese

Asian: any other Asian background
(please describe)

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Black: African

Black: Caribbean

Black: any other black/African/Caribbean
background (please describe)

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Other: Arab

Not known

Other: any other ethnic group (please
describe)

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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)

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Not known

Pregnancy and maternity:

Pregnant

On maternity/paternity/adoption leave

Returning from
maternity/paternity/adoption leave

None of the above

Section 6 – Feedback

We are constantly striving to improve our service. Please tell us if you have any feedback below.

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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 the Staffordshire Commissioner's Office by:

Email: Review@Staffordshire-PFCC.pnn.gov.uk

**Post: Compliance Manager,
Staffordshire Commissioners Office,
Block 9, Weston Road, Stafford ST18
0YY**