



# **COUNCILLORS' CODE OF CONDUCT COMPLAINT FORM**

**ONCE COMPLETED PLEASE RETURN TO:** Legal Services, Borough Council of King's Lynn & West Norfolk, King's Court, Chapel Street, King's Lynn, Norfolk, PE30 1EX

## **Your details**

1 Please provide us with your name and contact details

<b>Title:</b>	
<b>First name:</b>	
<b>Last name:</b>	
<b>Address:</b>	
<b>Daytime telephone:</b>	
<b>Evening telephone:</b>	
<b>Mobile telephone:</b>	
<b>Email address:</b>	
<b>Signature:</b>	
<b>Date:</b>	

Your address and contact details will not usually be released unless necessary or to deal with your complaint.

However if your complaint is referred for investigation, we will tell the following people that you have made this complaint:

- the Councillor(s) you are complaining about
- the Monitoring Officer of the authority
- the Parish or Town Clerk (if applicable)



If you need this document in large print, audio Braille, alternative format or in a different language, please contact Democratic Services on 01553 616632

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 Councillor of an Authority
- An independent Councillor of the Standards Committee
- Member of Parliament
- Local Authority Monitoring Officer
- Other Council Officer or Authority employee
- Other ( )

**3** Equality monitoring

Please complete and return the attached Ethnicity and Diversity Monitoring Form. Although this is not compulsory it would be helpful as we need to ensure that we do not inadvertently discriminate against anyone.

**Making your complaint**

**4** Please provide us with the name of the Councillor(s) you believe have breached the Code of Conduct and the name of their Council:

Title	First name	Last name	Council name

**5** Please explain in this section (or on separate sheets) what the Councillor has done that you believe breaches the Code of Conduct and the relevant paragraph(s) of the Code. If you are complaining about more than one Councillor 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 Standards 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 Councillor said or did. For instance, instead of writing that the Councillor 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 Councillors 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.

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**

- 7 Complaints must be submitted in writing. This includes fax and electronic submissions. However, in line with the requirements of the Disability Discrimination Act 2005, 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.

Further information to help you complete this form can be found on the accompanying guidance notes.



## EQUAL OPPORTUNITIES MONITORING FORM

We want to find out if we are giving as good a service as we can to all residents and service users. To help us do this we ask you to give us some information about yourself below. This information will not affect the way in which your complaint is handled and is used for monitoring purposes.

**Please respond to the questions 1 to 5 by ticking boxes as appropriate:**

1. I am:                      Female               Male

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2. I am aged:              16 to 25               26 to 44               45 or over

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3. My ethnic group is (please choose one section from A to E and then tick the appropriate box):

**A. Asian or Asian British**

Indian               Pakistani               Bangladeshi   
Any other Asian background  if so, please specify.....

**B. Black or Black British**

Caribbean               African               Any other Black background , please specify.....

**C. Chinese or other Ethnic Group**

Chinese               Any other background  if so, please specify.....

**D. Mixed**

White and Black Caribbean               White and Black African               White and Asian   
Any other Mixed background  if so, please specify.....

**E. White**

White               Irish               Any other White background  please specify.....

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4. Do you consider yourself to have a disability in accordance with the definition of the Disability Discrimination Act?              No               Yes

If so, please give brief details.....

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### Data Protection

The Borough Council of King's Lynn & West Norfolk will use the information you have provided on this form for Equal Opportunities monitoring purposes only. Completion and return of this form indicates your consent to the Council processing your sensitive data where necessary. You have the right to apply for a copy of the information we hold about you, for which we may make a small charge. You have the right to have any inaccuracies corrected.