

## PART 4 to Appendix 4 COMPLAINT FORM

1. Your Details - Please provide us with your name and contact details

First name: Last name:			
Addre	ess:		
	me telephone:		
	ng telephone:		
	e telephone:		
Email	l address:		
Howe	ver, we will tell the	e following people that you have made this complaint:	
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	Other Council Officer or authority employee  Other ( )						
3.	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.	Making	your complaint					
	Please explain in this section (or on separate sheets) what the Member has done that you believe breaches the relevant Code of Conduct of the District Council or the particular Town/Parish Council. 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.						
pro Yo the	ovisions ou must s ese are r	you believe have bubmit with the conort provided the C	peen breached and mplaint supporting ouncil may not inve	aint setting out the specific Code how the conduct breaches the Code. witness statements and evidence. If stigate on your behalf. ugh space on this form.			
	It is important that you provide all the information you wish to have taken into account when it is decided whether to take any action on your complaint.						
	For example:						

Member of Parliament

Have you been specific, wherever possible, about exactly what you are alleging the member said or did.	YES/NO
Have you provided the dates of the alleged incidents wherever possible. If you cannot provide exact dates it is important to give a	YES/NO

general timeframe	
Have you confirmed whether there are any witnesses to the alleged conduct and provided their names and contact details if possible.	YES/NO
Have you provided all relevant background information and evidence	YES/NO
Did the behaviour take place within the last 90 days.	YES/NO
Have you sent the complaint to the police, ombudsman or another	YES/NO
complaint process	PLEASE
	PROVIDE
	DETAILS IF YES

Name of Witness(es)	Address of Witness(es)

## 5. Initial Tests

Before assessment of a complaint begins, the complaint has to meet the tests set out in Part 1 entitled "Criteria for Assessment of Complaints against Members in respect of the Code of Conduct"

If the complaint fails one or more of the Initial Intake tests set out in Part 1 entitled "Criteria for Assessment of Complaints against Members in respect of the Code of Conduct" it cannot be considered for Assessment and the complainant will be informed that no further action will be taken in respect of the complaint. The member(s) concerned will also be told of the complaint and that it had failed Initial Intake.

Furthermore, if you identify witnesses yet fail to provide witness statements or claim that there is supporting evidence but fail to supply it the complaint may not meet the Initial Intake tests for acceptance or satisfy Assessment tests when the merits are considered.

If you have any queries please direct these to the Monitoring Officer, on 01732 227180

## 6. Additional Help

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.

Help will be given in assisting a complainant who has a disability that prevents them from making a complaint in writing. Please contact the Monitoring Officer on 01732 227245 if you need such assistance.

This publication is available in large print. For a copy telephone 01732 227162. If you need help understanding the publication we can arrange for an interpreter to help you. Please call on 01732 227180 stating your language and telephone number.

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To return the completed form:

e-mail to: <a href="members.conduct@sevenoaks.gov.uk">members.conduct@sevenoaks.gov.uk</a> (please save a copy for your

records)

Fax: 01732 740693 Paper copy to:The Monitoring Officer

C/o The Standards Committee, Sevenoaks District Council

Argyle Road, Sevenoaks, Kent TN13 1HG