



To:

**Monitoring Officer
Daventry District Council
Lodge Road
Daventry
Northants
NN11 4FP**

LOCAL CODE OF CONDUCT FOR MEMBERS - COMPLAINT FORM

Your details

1. Please provide us with your name and contact details. (The Council does not normally investigate anonymous complaints, unless there is a clear public interest in doing so).

Title:	
First name:	
Last name:	
Address:	
Daytime telephone:	
Mobile telephone:	
Email address:	
Date of complaint:	

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

However, we will normally tell the following people that you have made this complaint:

- The member(s) you are complaining about
- The parish or town clerk (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 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 Member of an authority
- Member of Parliament
- Local authority Monitoring Officer
- Other council officer or authority employee
- Other ()

3. Equality monitoring questions - please see the separate appendix and complete if desired.

4. Please provide us with the name of the Member(s) of the Council you believe have breached the Local Code of Conduct and the name of their authority:

Title	First name	Surname	Council name

5. Making your complaint

Please explain in this section what the Member is alleged to have 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 has done, with dates / witnesses to substantiate the alleged breach.

It is important that you provide all the information you wish to have taken into account in the consideration of your complaint . For example:

- You should be specific, wherever possible, about exactly what you are alleging the Member said or did to breach the Code of Conduct. For example, instead of writing that the Member insulted you, you should state what it was they said or did to insult you.
- 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 or any other relevant documentary evidence to support your allegation (s).

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

Paragraph/s in the relevant Code of Conduct that you believe have been breached	
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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 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 have good reason to believe that:

- It is possible that you will be subjected to bullying, violence or intimidation (evidence will be required).
- Criminal proceedings may result.
- You are already registered on the Electoral Register as an "Anonymous Voter".

Please note that requests for confidentiality or requests for suppression of complaint details will not automatically be granted. Your request will be considered 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 electronic submissions. Frivolous, vexatious and politically motivated tit-for-tat complaints are likely to be rejected.

8. In line with the requirements of the Equality Act 2010, 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 contact the Scrutiny and Standards Support Officer on 01327 302407

9. You will be kept informed of the progress of your complaint.

Appendix

EQUAL OPPORTUNITIES MONITORING FORM

1. GENDER

Male Female

2. MARITAL STATUS

Single Married Separated

Divorced Widowed Civil Partnership

3. ETHNIC GROUP

- | | | | |
|-----------------------------------|--------------------------|--------------------------------------|--------------------------|
| 1. White - British | <input type="checkbox"/> | 10. Asian - Bangladeshi | <input type="checkbox"/> |
| 2. White - Irish | <input type="checkbox"/> | 11. Asian – other (please specify) | |
| 3. White – other (please specify) | | 12. Black – Caribbean | <input type="checkbox"/> |
| 4. White – Caribbean | <input type="checkbox"/> | 13. Black – African | <input type="checkbox"/> |
| 5. White – African | <input type="checkbox"/> | 14. Black – other (please specify) | |
| 6. White – Asian | <input type="checkbox"/> | 15. Chinese | <input type="checkbox"/> |
| 7. Other mixed | <input type="checkbox"/> | 16. Gypsy/Traveller | <input type="checkbox"/> |
| 8. Asian - Indian | <input type="checkbox"/> | 17. Any Other Group (Please specify) | |
| 9. Asian - Pakistani | <input type="checkbox"/> | | |

4. RELIGION

- | | | | |
|--------------|--------------------------|-------------------------|--------------------------|
| 1. Christian | <input type="checkbox"/> | 6. Sikh | <input type="checkbox"/> |
| 2. Buddhist | <input type="checkbox"/> | 7. Any other religion | <input type="checkbox"/> |
| 3. Hindu | <input type="checkbox"/> | 8. No religion | <input type="checkbox"/> |
| 4. Jewish | <input type="checkbox"/> | 9. Do not wish to state | <input type="checkbox"/> |
| 5. Muslim | <input type="checkbox"/> | | |

5. SEXUAL ORIENTATION

- | | |
|-------------------------------------|--------------------------|
| a. Homosexual (same sex) | <input type="checkbox"/> |
| b. Heterosexual (opposite sex) | <input type="checkbox"/> |
| c. Bisexual (same and opposite sex) | <input type="checkbox"/> |
| d. Do not wish to state | <input type="checkbox"/> |