



COMPLAINT FORM

FROM :

NAME :

ADDRESS :

DAYTIME TEL NO.

e-mail address :

NB : It is important that the Council can contact you during office hours.

SERVICE(S)/EMPLOYEE(S) COMPLAINED ABOUT

(1) Please state the name(s) of the employee(s) who you wish to complain about.

(2) If known, please state the service and/or capacity in which the above is/are employed by the Council.

COMPLAINT

Please give a brief description of the complaint you wish to make :

Background Details of Complaint

Please set out the background to your complaint, including any previous correspondence with the Council on the issues complained about.

Background Details of Complaint cont'd

NB : Please continue on additional sheets if necessary. If possible please attach a copy of any document referred to.

Action Requested

Please indicate any action you expect/wish the Council to take in respect of the issue(s) raised by your complaint.

Racial Complaints

Do you consider that the incident(s) giving rise to your complaint was/were racially motivated:

NO

YES

NB. Details of all complaints identified as possibly racially motivated will be forwarded to Personnel Services for monitoring purposes.

DECLARATION

Please read this declaration carefully before you sign and date this form.

I authorise the Council to use the information referred to in this form, and any other information it may hold which relates to the issue(s)/matter(s) complained of, in pursuance of its investigations of my complaint including any internal procedures (not excluding disciplinary procedures) which result from the investigation. I understand that all relevant information will be disclosed to the parties to the complaint and to any Complaints Panel appointed to determine the complaint.

I declare that the information given on this form is, to the best of my knowledge, correct and complete.

Signed

Date

NB : It is necessary for you to sign this form in order for your complaint to be investigated.

Please return your completed form to:-

**Lin Robinson
Head of Governance and Scrutiny Services
South Staffordshire Council
FREEPOST MID 21881
Codsall
South Staffordshire
WV8 1ER.**

SOUTH STAFFORDSHIRE COUNCIL

OPTIONAL COMPLAINTS MONITORING

EQUALITY AND DIVERSITY

We want to find out if we are giving as good a service as we can, in order to assist the development of the Council's equality and diversity policy you are asked to provide the following information by ticking the appropriate boxes.

Information entered on this form will only be held and used in a statistical format and will not be shared with other. It will not be provided to the persons responding to your complaint.

Completion of the monitoring form is voluntary and does not form part of the Complaints Procedure.

| | | | | |
|---------------------|------|--------------------------|--------|--------------------------|
| Sex: are you | Male | <input type="checkbox"/> | Female | <input type="checkbox"/> |
|---------------------|------|--------------------------|--------|--------------------------|

| | | | |
|--|--------------------------|----|--------------------------|
| Do you consider yourself to be disabled (NB. A person may regard themselves as having a disability if he or she has a physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out day to day activities.) | | | |
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

| | | | |
|---|--------------------------|---------------------------------|--------------------------|
| Please identify your Ethnic Group (NB. Ethnic Groups are not about nationality, place of birth or citizenship. They are about colour and cultural background). | | | |
| White: | | Asian or Asian British : | |
| British | <input type="checkbox"/> | Indian | <input type="checkbox"/> |
| Irish | <input type="checkbox"/> | Pakistani | <input type="checkbox"/> |
| Any other white background | <input type="checkbox"/> | Bangladeshi | <input type="checkbox"/> |
| | | Any other Asian background | <input type="checkbox"/> |
| Mixed | | Black or Black British | |
| White and Black African | <input type="checkbox"/> | Caribbean | <input type="checkbox"/> |
| White and Black Caribbean | <input type="checkbox"/> | African | <input type="checkbox"/> |
| White and Asian | <input type="checkbox"/> | Any other Black background | <input type="checkbox"/> |
| Any other mixed background | | | |
| Chinese or Other Ethnic Group: | | | |
| Chinese | <input type="checkbox"/> | | |
| Any other | <input type="checkbox"/> | | |

| | | | | | | | | | | | | |
|-------------|-------|--------------------------|-------|--------------------------|-------|--------------------------|-------|--------------------------|-------|--------------------------|-----|--------------------------|
| Age: | 16-18 | <input type="checkbox"/> | 19-25 | <input type="checkbox"/> | 26-35 | <input type="checkbox"/> | 36-45 | <input type="checkbox"/> | 46-55 | <input type="checkbox"/> | 56+ | <input type="checkbox"/> |
|-------------|-------|--------------------------|-------|--------------------------|-------|--------------------------|-------|--------------------------|-------|--------------------------|-----|--------------------------|

Thank you for your assistance