

## COMPLAINT FORM

If you have any questions or difficulties filling in this form, for example if English is not your first language or you have a disability - please contact the **Monitoring Officer** on **0121-704 6721**.

You can also email us at: [legal@solihull.gov.uk](mailto:legal@solihull.gov.uk)

Please note:

- We can only accept complaints in writing
- We are unlikely to be able to keep your identity confidential if you make a complaint

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### About You

Title:            Mr         Mrs         Ms         Miss         Councillor         Other (*please specify*)

First name:

Surname:

Address:

Postcode:

Daytime tel:

Evening tel:

email:

Please consider the complaint I have described below and in the evidence attached. I understand and accept that the details will normally be disclosed to the Member, particularly if the matter goes through to investigation.

Signed

Date

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### Your Complaint

#### Who are you complaining about?

Please give the name of the **Councillor(s)**, **Member(s)** or **Co-opted Member(s)** that you consider has broken the Code of Conduct and the **name of their Authority(ies)**.

Name of the individual(s)	Name of their Authority(ies)

Please tick here if you work for the Authority(ies) shown above

Please tick here if you are a Member of the Authority(ies) shown above

## COMPLAINT FORM

Please provide us with as much information as you can about your complaint to help us to decide whether or not it should be investigated. Include the **date** and **details** of the alleged misconduct and any **information that supports the allegation**. The Committee can only consider complaints that a Member has broken a local Code of Conduct. Continue on a separate sheet if there is not enough space on this form.

1. **WHO** is the complaint about?  
- if it is more than one person  
name them all

2. **WHY** are you complaining  
about them? - say what went on,  
how you felt about it and why you  
think it is unacceptable or  
inappropriate

3. **WHAT** did they do? If it  
relates to their language or  
behaviour write down what they  
actually said/did as you need to  
say what they did that was  
unacceptable to you

4. **WHEN** did this take place?  
Be specific on the dates and  
times otherwise it becomes very  
difficult to investigate (if that is  
what happens)

5. **WHERE?** - be specific where  
it all took place - give the address  
and also the details of the venue  
- was it in a meeting  
room/corridor/in the street/in the  
pub etc

6. **WITNESS** - who else was  
there and heard what went on -  
you need to name the persons  
who can potentially be asked  
questions about the incident

**Evidence** (if this applies)

Attach to this form copies of any correspondence, documents, names and details of witnesses and any other evidence that you feel is relevant to your complaint. Please avoid sending us large amounts of background information that only relate indirectly to your complaint.

Please tick this box if you would like us to return the evidence to you

**It is essential that you give evidence to support your complaint, otherwise the Local Assessment Committee will not be able to decide if what you say should be investigated.**

**WE NEED DETAILED INFORMATION FROM YOU - THE MORE DETAILED THE BETTER!**

Please send this form to: **Director of Corporate Governance  
(Solicitor to the Council and Monitoring Officer)  
PO Box 18, Council House, Solihull, West Midlands B91 9QS**

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The Race Relations Act 2000 requires us to monitor ethnic or national origin to ensure that we do not inadvertently discriminate against members of a particular group. It would, therefore, be helpful if you would complete the ethnic monitoring section of the form, although this is not compulsory.

The answers will be removed and kept entirely separate from your complaint and will be completely confidential. They will be used for statistical purposes only, in which individuals will not be identified.

**Your ethnic origin:**

Asian or Asian British	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	White	<input type="checkbox"/>
Black or Black British	<input type="checkbox"/>	Mixed	<input type="checkbox"/>	Other	<input type="checkbox"/>