

Complaint form:

Code of Conduct – Borough, Parish/Town Councillors and Co-opted Members

To: The Chairman, Assessment Sub-committee, Member Services Section,
Dartford Borough Council, Civic Centre, Home Gardens, Dartford, Kent DA1 1DR
Email: assessment.sub@dartford.gov.uk Fax: 01322 343422



A. YOUR DETAILS

A1. Please provide your name and contact details.

ANONYMOUS COMPLAINTS WILL ONLY BE REFERRED FOR INVESTIGATION OR SOME OTHER ACTION, IF ACCOMPANIED BY INDEPENDENT EVIDENCE TO SUBSTANTIATE OR INDICATE THE EXCEPTIONALLY SERIOUS OR SIGNIFICANT NATURE OF THE COMPLAINT.

Title:

First name:

Last name:

Address:

Telephone:

Email address:

Signature:

Date of complaint:

A2. Your name and summary of your complaint will normally be sent to the person you are complaining about and to the:

- Assessment Sub-committee members
- Monitoring Officer of the Borough Council
- Relevant Parish/Town Clerk (if your complaint concerns a Parish/Town Councillor)

If you have concerns about your name and/or a summary of your complaint being released, please complete Section C of this form. You may also discuss your reasons or concerns with the Monitoring Officer.

A3. Please tell us which complainant type best describes you:

- A member of the public
- An elected or co-opted Member of the Borough/Parish/Town Council
- An independent member of a Standards Committee
- A Member of Parliament
- A Monitoring Officer
- A Council employee, contractor or agent of the Council
- Other

B. MAKING YOUR COMPLAINT

B1. Please provide the name of the Borough, Parish/Town Councillor(s) or Co-opted Member and their authority:

Title:	First name:	Last name:	Council name (e.g. Dartford Borough Council)

B2. Please explain in this section (and/or on separate sheets), what the Councillor or Co-opted Member has done that you believe breaches the Code of Conduct. If you are complaining about more than one Councillor or Co-opted Member, you should clearly explain what each individual person has done.

B3. It is important that you provide all the information you wish to have taken into account by the Assessment Sub-committee when it decides whether or not to take any action on your complaint. For example:

- you should be specific, wherever possible, about exactly what you are alleging the person said or did. For instance, instead of writing that the person insulted you, you should say what it was they said.
- you should provide 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 names and contact details, if possible.
- you should provide any relevant background information.
- if there has been a time lapse of more than 28 days since the alleged behaviour or conduct, explain why you delayed lodging your complaint.

Provide the details of your complaint. *Continue on a separate sheet if necessary.*

C. CONFIDENTIALITY OF COMPLAINANT AND THE COMPLAINT DETAILS

ONLY COMPLETE THIS SECTION IF YOU ARE REQUESTING THAT YOUR NAME AND/OR DETAILS OF YOUR COMPLAINT BE KEPT CONFIDENTIAL.

- C1.** As a matter of fairness and natural justice, the person you are complaining about should be told who has complained about them and the nature of the complaint against them. Your request for confidentiality and/or suppression of your complaint details will not automatically be granted. Requests for confidentiality will only be granted in exceptional circumstances at the discretion of the Assessment Sub-committee. In certain circumstances, the public interest in proceeding with an investigation, may outweigh your wish for confidentiality.
- C2.** Your name and/or details of your complaint are unlikely to be withheld during the initial assessment stage, unless the Assessment Sub-committee at its discretion, has reason to believe that:
- (1) you are either vulnerable or at risk of threat, harm or reprisal;
 - (2) you will suffer intimidation or be victimised or harassed;
 - (3) you work closely with the person you are complaining about and you are afraid of the consequences, e.g. fear of losing your job;
 - (4) you suffer from a serious health condition and there are medical risks associated with your identity being disclosed (you will need to provide medical evidence to substantiate this);
 - (5) you may receive less favourable treatment because of the seniority of the person you are complaining about in terms of any existing Council service provision or any tender/contract you may have with or are about to submit to the Council;
 - (6) early disclosure of your complaint may lead to evidence being compromised or destroyed;
 - (7) early disclosure of your complaint may impede or prejudice the investigation;
 - (8) early disclosure of your complaint is not in the public interest.

MERE EMBARRASSMENT IS NOT A GROUND FOR REQUESTING THAT YOUR NAME AND/OR COMPLAINT DETAILS BE KEPT CONFIDENTIAL.

Provide your reasoning(s) for why your name and/or details of your complaint should remain confidential. *Continue on a separate sheet if necessary.*

D. REMEDY SOUGHT

D1. Please indicate the remedy or remedies you are looking for or hoping to achieve by submitting this complaint:

E. ADDITIONAL INFORMATION

- E1.** Complaints must be submitted in writing. This includes fax and email. 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.
- E2.** We can also help, if English is not your first language.
- E3.** If you need any support in completing this form, please let us know as soon as possible. For more information, call our Customer Services on 01322 343434 or email customer.services@dartford.gov.uk

F. THE CODES OF CONDUCT

- F1.** Dartford Borough Council's Member Code of Conduct is available on the Borough Council's website www.dartford.gov.uk or a copy may be obtained by contacting Customer Services on 01322 343434.
- F2.** The Codes of Conduct for the Parish/Town Councils within the Borough of Dartford are available from the relevant Parish/Town Clerk whose details can be obtained from the Borough Council's website www.dartford.gov.uk or by you contacting the Parish/Town Council or Customer Services on 01322 343434.

G. EQUALITY AND DIVERSITY

- G1.** Dartford Borough Council aims to eliminate discrimination in respect of sex, colour, race, nationality, ethnic group, regional or national origin, age, marital status, disability, political or religious belief, sexuality or class and will ensure that its complaints process is free from bias or discrimination and that all those involved in the process are treated fairly and with respect. The complaints process will be conducted in a manner appropriate to the individual, whatever their background.

H. EQUALITY MONITORING

- H1.** If you are happy to, please complete the equalities monitoring questionnaire at Appendix 1 to this complaint form. This will be kept confidentially and separately to your completed form. The details you provide will be used by Dartford Borough Council to collect statistics relating to equalities and complaints about Councillor and Co-opted Member conduct. They may also form part of the statistics supplied to the Borough Council and to the Standards Board for England, concerning the operation of this complaints process.

If you or anybody you know requires this or any other Council information in another language, please contact us and we will provide this for you. Braille, audio tape and large print versions of this document are available upon request.

Tel: 01322 343434
Fax: 01322 343422
Email: customer.services@dartford.gov.uk
Calls are welcome via Typetalk

ਇਸ ਦਸਤਾਵੇਜ਼ ਦੇ ਅਨੁਵਾਦ ਲਈ ਜਾਂ ਹੋਰ ਜਾਣਕਾਰੀ ਲਈ ਟੈਲੀਫੋਨ ਨੰਬਰ 01322 343610 ਤੇ ਫੋਨ ਕਰੋ
ਪੰਜਾਬੀ

இந்த ஆவணத்தின் மொழிபெயர்ப்பிற்கு, அல்லது மேலதிக தகவல்களுக்கு 01322 343611
க்கு அழைப்புகள்
தமிழ்

W celu uzyskania tłumaczenia tego dokumentu lub dalszych informacji, prosimy o kontakt
pod numerem 01322 343612
Polski

Pokud si přejete obdržet překlad tohoto dokumentu nebo další informace, volejte číslo
01322 343613
česky

如欲索取这份文件的中文翻译或有意查询, 请致电 01322 343614 联系。
简体中文

Pour une traduction de ce document ou pour plus d'information appeler 01322 343615
Français

Monitoring equality in the complaints process

We seek to ensure that all sections of the community have access to our services. The following information will be used for monitoring and statistical purposes only. Any information provided will not be taken into account in considering your complaint.

Please tick the boxes as appropriate (or delete other options)

1. Ethnic Group

Ethnic groups are not about nationality, place of birth or citizenship. They are about colour and cultural background.

White

British	<input type="checkbox"/>		
Irish	<input type="checkbox"/>	Any other white background	<input type="checkbox"/>

Mixed

White and Black Caribbean	<input type="checkbox"/>	White and Asian	<input type="checkbox"/>
White and Black African	<input type="checkbox"/>	Any other mixed background	<input type="checkbox"/>

Asian or Asian British

Indian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	Any other Asian background	<input type="checkbox"/>

Black or Black British

Caribbean	<input type="checkbox"/>		
African	<input type="checkbox"/>	Any other Black background	<input type="checkbox"/>

Chinese

Chinese	<input type="checkbox"/>		
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Other ethnic group

Other ethnic group	<input type="checkbox"/>		
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2. Age

16-19	<input type="checkbox"/>	20-24	<input type="checkbox"/>	25-59	<input type="checkbox"/>
60-64	<input type="checkbox"/>	65 and above	<input type="checkbox"/>		

3. Do you have a disability?

If you do, what is the nature of your disability?

Difficulty getting around	<input type="checkbox"/>	Learning difficulty	<input type="checkbox"/>
Hearing difficulty	<input type="checkbox"/>	Mental health problems	<input type="checkbox"/>
Difficulty seeing	<input type="checkbox"/>	Other	<input type="checkbox"/>