



USING THIS FORM

Please use this form if you are unhappy with the outcome of your complaint, or about how your complaint has been handled.

The Office of the Sussex Police & Crime Commissioner (OSPCC) must receive your application for review within 28 days from the day after the date stated on your outcome letter.

For example, if your letter is dated 1 April, you have to make sure we receive your review by 29 April.

Fields marked with an * are mandatory.

ACCESSIBILITY

If you need this form in a different format (for example, in Braille, on audio tape, in large print, and so on) or in a different language, please let us know. If you require any adjustments to support you through the complaints system, please outline below. For example, if you have a visual impairment, you may require us to provide written responses in larger text.

WHAT HAPPENS TO THE INFORMATION IN MY REVIEW FORM?

The information you provide on this form will be entered into our systems. We may also need to pass the details of your review to another organisation, such as the Independent Office for Police Conduct (IOPC), if appropriate to the handling of the review. Please note, all contents of this form (including your equality and diversity information) may also be passed on.

If you would like any further information about how your information will be handled, please email: pcc@sussex-pcc.gov.uk

WHERE TO SEND THIS FORM

This form should be completed in full and sent to the OSPCC by Email: pcc@sussex-pcc.gov.uk
Post: **Sackville House, Brooks Close, Lewes, East Sussex, BN7 2FZ**

SECTION 1 - YOUR DETAILS

Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Other	<input type="text"/>						
First Name*		<input type="text"/>													
Surname*		<input type="text"/>													
Address		<input type="text"/>													
						Postcode		<input type="text"/>							
Date of Birth		<input type="text"/>													
Telephone				Mobile				<input type="text"/>							
Email		<input type="text"/>													
Preferred method of contact (Please Tick)				By Email		<input type="checkbox"/>		By Telephone		<input type="checkbox"/>		By Post		<input type="checkbox"/>	

Are you making this review on behalf of someone else? If the answer is no, you do not need to complete section 2.

<input type="checkbox"/>	Yes - Please complete section 2	<input type="checkbox"/>	No - Please go to section 3
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SECTION 2 - DETAILS OF PERSON ON WHOSE BEHALF YOU ARE MAKING THE REVIEW

Do not complete this section, if you are applying for a review on your own behalf. If you are making this application on behalf of someone else, you must have permission from that person.

What is your relationship to the person applying for the review?

Title*		First Name*		Surname*	
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Date of Birth*	
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Please provide at least two forms of contact below:

Address	
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Email	
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Preferred method of contact (Please Tick)	By Email <input type="checkbox"/>	By Telephone <input type="checkbox"/>	By Post <input type="checkbox"/>
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SECTION 3 - REVIEW DETAILS

Please attach the final decision letter from Sussex Police or any additional documents that are relevant. The final decision letter from the police can help us to process your application more quickly.

1. Which police force did you complain to? *	
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2. Police Complaint Reference Number	
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3. Date on which the complaint was made	
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4. Date you received your outcome letter and were provided with details of the right of review	
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5. Please explain why you want the outcome of your complaint reviewed

Please outline if you are unhappy with the way that your complaint was recorded or handled, the way it was investigated or the final outcome of the case:

6. Please explain what you would like to happen.

The review will consider whether the outcome of the handling of the complaint is reasonable and proportionate and, if not, will seek to put things right.

SECTION 4 - CONFIRMATION THAT INFORMATION PROVIDED IS CORRECT

I confirm that the information I have provided is truthful and accurate to the best of my knowledge.

Name

Date

SECTION 5 - EQUALITY OF SERVICE MONITORING FORM

We want to make sure everyone has an equal chance to use and benefit from our services. To ensure we continue to do this, it would help us if you could answer the following questions. If you prefer, you do not have to answer these questions as it will not affect your application in any way.

The information provided in this form will be used by public bodies involved in the police complaints system, including the police and IOPC. You can find out how your personal information will be used in the privacy notices found on the website of each organisation.

Please mark all the answers that apply with an 'X'.

SEX

- Male
 Female
 Intersex

Other (please state)

SEXUAL ORIENTATION

- Heterosexual/ straight
 Bisexual
 Gay/lesbian
 Not known

Other (please state)

DISABILITY

Do you have a physical or mental impairment that has a substantially adverse and long-term effect on your ability to carry out normal day-to-day activities?

- Yes No Don't know

If you have answered 'yes' to the question above, which option below describes your disability?

- Hearing
 Learning difficulty
 Long standing illness or health condition
 Mental health condition
 Mobility or physical impairment
 Sight

Other (please state)

PREGNANCY & MATERNITY

- Pregnant
 On maternity/paternity/adoption leave
 Returning from maternity/paternity/adoption leave
 None of the above

ETHNICITY

- White: English/Welsh/Scottish/Northern Irish/British
 White: Irish
 White: Gypsy, Traveller or Irish Traveller
 White: any other white background (please describe)

- Mixed: white and black Caribbean
 Mixed: white and black African
 Mixed: white and Asian
 Mixed: any other mixed/multiple ethnic background (please describe)

- Asian: Indian
 Asian: Pakistani
 Asian: Bangladeshi
 Asian: Chinese
 Asian: any other Asian background (please describe)

- Black: African
 Black: Caribbean
 Black: any other black/African/Caribbean background (please describe)

- Other: Arab
 Not known
 Other: any other ethnic group (please describe)

RELIGIOUS BELIEF/FAITH

- No religion
 Christian (including Church of England, Catholic, Protestant and all other Christian denominations)
 Buddhist
 Hindu
 Jewish
 Muslim
 Sikh
 Any other religion (please describe)

- Not known

SECTION 6 - FEEDBACK

We are constantly striving to improve our service. Please tell us if you have any feedback below.

Thank you for the information you have provided.

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