RIBBLE VALLEY BOROUGH COUNCIL



(ELECTED MEMBER - Breach of Code of Conduct)

Your details

1. Please provide us with your name and contact details

Title:	
First name:	
Last name:	
Address:	
Daytime telephone:	
Evening telephone:	
Mobile telephone:	
Email address:	

Your address and contact details may be released to deal with your complaint.

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

- the member(s) you are complaining about
- the monitoring officer of the authority
- the parish or town clerk (if applicable)
- any other person, where necessary, to investigate your complaint
- the Independent Person(s) appointed by the Authority

We will tell them your name and may give them a copy of your complaint. If you have serious concerns about your name and details of your complaint being released, please complete section 6 of this form.



Making your complaint

2. Please provide us with the name of the member(s) you believe have breached the Code of Conduct and the name of their authority:

Title	First name	Last name	Council or authority name

3. Please explain in this section (or on separate sheets) what the member has 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 that you believe breaches the Code of Conduct.

It is important that you provide all the information you wish to have taken into account by the persons who decide whether to take any action on your complaint. For example:

- You should be specific, wherever possible, about exactly what you are alleging the member said or did. For instance, instead of writing that the member insulted you, you should state what it was they said.
- 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.

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

Only complete this next section if you are requesting that your identity is kept confidential

4. 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 details of the complaint. We are unlikely to withhold your identity or the details of your complaint unless you have good reason to believe that:

You, (or a close associate) may be victimised or harassed by the member whom you are complaining (or by a person associated with them) or you believe your complaint may cause you to receive less favourable treatment from the Council because of the position of the member against whom you are complaining.

Please note that requests for confidentiality or requests for suppression of complaint details will not automatically be granted. The Council's Monitoring Officer, in consultation with an Independent Person, will consider the request 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:

5. 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 (please specify)

6. Equality monitoring questions

The information you provide on this form is CONFIDENTIAL and will only be used for equal opportunity monitoring purposes.

1	Gender:	Male	Female	Not given	
2	Age:	16-19 30-39	20-29 50-59	30-29 60+	

The Disability Discrimination Act defines disability as a physical or mental impairment that has a substantial and adverse effect on the ability to carry out normal day to day activities and which has a long term effect.

3. Disability:

Yes
No
My disability is

4 a) How would you describe your ethnic origin (not country of birth)

- White
- British
- Irish
- □ Other white background, please state

b) Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- □ Other mixed background, please state
- c) Asian or Asian British
 - Indian
 - Pakistani
 - Bangladeshi
 - Other Asian, please state

- d) Black or Black British
 - Caribbean
 - African
- e)
 Chinese
 Other ethnic group

Additional Help

7. Complaints must be submitted in writing. This includes fax and electronic submissions. 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.

We can also help if English is not your first language.

If you need any support in completing this form, please let us know as soon as possible.

Please sign and date this form and send it to

Head of Legal and Democratic Services c/o Ribble Valley Borough Council Church Walk Clitheroe BB7 2RA

Tel 01200 425111

Signed

Date