



# Application for Complaint Review

## Using this form

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

The Office of the Police and Crime Commissioner (OPCC) for Lincolnshire must receive your appeal within 28 calendar days from the day after the date stated on your outcome letter. For example, if your letter is dated 1 April, we would need to have received your review application by 29 April.

Fields marked with an \* are mandatory.

## Accessibility

If it is difficult for you to use this form or this service, for example, if English is not your first language or you have a disability then please contact us:

Telephone: 01522 47192

Email: [complaints-pcc@lincs.pnn.police.uk](mailto:complaints-pcc@lincs.pnn.police.uk)

If you require any adjustments to support you through the complaints system, please outline them 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 onto our systems and shared with an external service provider who undertakes reviews on behalf of the Police and Crime Commissioner. If the Commissioner is not the appropriate authority to consider your review, we may also need to pass your details to the relevant police force/organisation. Please note that all the contents of this form (including your equality and diversity information) may be passed on.

For further information about how we will handle your personal information, please read our privacy notice at <https://lincolnshire-pcc.gov.uk/media/1755/privacy-policy-v10-february-2018.pdf>

## Where to send this appeals form

This form should be completed in full and sent to:

The Police and Crime Commissioner for Lincolnshire, Deepdale Lane, Nettleham, Lincoln LN2 2LT

## Section 1 - About you

**\*Title** (Mr, Mrs, Miss, Ms, etc):

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**\*First name(s):** .....

**\*Last name(s):** .....

**Date of birth:** .....

*Please provide at least two forms of contact below.*

**Address:** .....

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**Postcode:** .....

**Email:** .....

**Telephone:** .....

**Preferred method of contact?** .....

**Are you making the appeal for someone else?** *If the answer is no, you do not need to complete section 2 and can proceed to section 3.*

## Section 2 – Details of person on whose behalf you are applying for a review.

Do not complete this section if you are applying for a review on your own behalf.

If you are applying for a review on behalf of someone else, you must have written permission from that person.

**\*Title** (Mr, Mrs, Miss, Ms, etc):

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**\*First name(s):** .....

**\*Last name(s):** .....

**Date of birth:** .....

*Please provide at least two forms of contact below.*

**Address:** .....

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**Postcode:** .....

Email: .....

Telephone: .....

Preferred method of contact? .....

### Section 3 – Complaint details

\*Which police force did you complain to? .....

Force complaint reference number: *(This should be on any correspondence you have had from the force)*

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**Please explain why you want to apply for a review.** Please outline if you are unhappy with the way your case was recorded or handled, the way it was investigated or the final outcome of the case. Please provide details explaining why.

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**Please explain what you would like to happen.** *The review will consider whether the outcome of the handling of the complaint was reasonable and proportionate and, if not, will seek to put things right.*

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#### Section 4 – Confirmation that information provided is correct

I confirm 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 review application in any way.

The information provided in this form will be used by public bodies involved in the police complaints system, including the Independent Office for Police Conduct. 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:

Female:

Male:

Intersex:

Other (please give details)

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### Is your gender different to the gender you were assigned at birth?

Yes:

No:

Don't know:

### If yes, please state the gender you were assigned at birth:

### Sexual orientation:

Heterosexual/ straight:

Bisexual:

Gay/lesbian:

Not known:

Other (please state below)

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### 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/health condition:

Mental health condition:

Mobility or physical impairment:

Sight:

Other: (please state below)

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**Ethnicity:**

White: English/Welsh/Scottish/Northern Irish/British

White: Irish

White: Gypsy, Traveller or Irish Traveller

White: any other background (please specify)

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Mixed: white and black Caribbean

Mixed: white and black African

Mixed: white and Asian

Mixed: any other mixed/multiple ethnic background (please specify)

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Asian: Indian

Asian: Pakistani

Asian: Bangladeshi

Asian: Chinese

Asian: any other Asian background (please specify)

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Black: African

Black: Caribbean

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

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Other: Arab

Not known

Other: any other ethnic group (please specify)

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**Religious belief/faith:**

No religion:

Christian: (including Church of England, Catholic, Protestant and all other Christian denominations)

Buddhist:

Hindu:

Jewish:

Muslim:

Sikh:

Not Known:

Any other religion: (Please specify)

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**Pregnancy and maternity:**

Pregnant:

On maternity/paternity/adoption leave:

Returning from maternity/paternity/adoption leave:

None of the above:

**Section 6 – Feedback**

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

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**Would you be happy to be contacted about your experience of the police complaints system?**

Yes:

No:

Thank you for the information you have provided.

This form should be completed and sent to the OPCC by:

**Email:**

complaints-pcc@lincs.pnn.police.uk

**Mail:**

The Police and Crime Commissioner for Lincolnshire, Deepdale Lane, Nettleham, Lincoln LN2 2LT