

Complaint that a Council member has breached the Council's Code of Conduct

This form can be used to make a complaint about the conduct of a member of Weymouth & Portland Borough Council or a member of Portland Town Council.

Your complaint will be considered by the Standards (Local Assessment) Sub-Committee. Please note however that the Sub-Committee can only deal with complaints about the behaviour of a member. It will not deal with complaints about things that are not covered by the members' Code of Conduct.

Do you need help to complete this form? For example; Large Print, Audio, Easy Read Format, other language, or a home visit. Please ring 01305 838000, or email customercare@weymouth.go.uk or alternatively visit our offices on North Quay, Weymouth.



(for office use only)

Case reference number:

1. Your details

Please provide us with your name and contact details

Title:	
First name:	
Last name:	
Address:	

Daytime telephone:	
Evening telephone:	
Mobile telephone:	
Email address:	

Data Protection Act 1998

The information you provide will be used by the council to process your complaint and for no other purpose. Your personal details will be shared between the council, the affected member and, if applicable, the Town Council. We will not pass your information onto any third party unless the law requires us to do. If you do not wish for your personal information to be shared with the above, then please complete Section 5 clearly stating your reasons for anonymity.

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:

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 Sub-Committee when it decides 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 us with the details of your complaint. Continue on a separate sheet if there is not enough space on this form.

Please tick the box if you are willing to accept an apology from the member who you are complaining about

4. Please tell us which of the following type of person best describes you:

- Member of the public
- An elected or co-opted member of an authority
- An independent member of the standards committee
- Member of Parliament
- Local authority monitoring officer
- Other council officer or authority employee
- Other ()

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

5. In the interests of fairness and natural justice, we believe members complained about have a right to know who has made the complaint. We also believe they have a right to be provided with a summary of the complaint.

Please note that requests for confidentiality or requests for suppression of complaint details will not automatically be granted. The Sub-Committee 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, in certain exceptional circumstances where the matter alleged 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:

6. **Please sign and date this form**

Signed_____

Date_____

When you have completed this form, please return it to:

The Monitoring Officer
Weymouth and Portland Borough Council
Council Offices
North Quay
Weymouth
Dorset
DT4 8TA

Tel: 01305 838212

Fax: 01305 838289

Email: melanieearnshaw@weymouth.gov.uk

Equality monitoring

Weymouth & Portland Borough Council is committed to improving our policies and services, making sure that everybody is treated fairly, and that we are meeting the needs of all groups of people. So that we can make sure we do this we would be grateful if you could answer the questions in this monitoring form which are voluntary and anonymous.

The data collected will be held in strict confidence. The results will be used to find ways to improve the policies and services we offer.

Please tell us your ethnicity				
White				
British	Irish	European please specify	Romany/ Gypsy	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	
Traveller of Irish Heritage		Other		
<input type="checkbox"/>		<input type="text"/>		
Mixed				
White/Black Caribbean	White/Black African	White/Asian	Other Mixed	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
Asian or Asian British				
Indian	Pakistani	Bangladeshi	Other Asian	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
Black or Black British				
Caribbean	African	Other Black		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		
Chinese or other Ethnic group				
Chinese	Other			
<input type="checkbox"/>	<input type="text"/>			
Prefer not to say				
<input type="checkbox"/>				

Are you disabled? Please say how here				
Mobility Impairment	Wheelchair user	Visual impairment	Hearing impairment	Mental illness
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning disability	Progressive illness (cancer MS HIV etc)	Speech impairment	Facial or other disfigurement	Prefer not to say
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please tell us your gender				
Female	Male	Transgender	Prefer not to say	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please tell us your age group					
0-15	15-25	25-50	50-75	Over 75	Prefer not to say
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please tell us about your sexuality				
Bisexual	Gay man	Heterosexual	Lesbian	Prefer not to say
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please tell us about your religion				
Buddhist	Christian	Jewish	Muslim	Sikh
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hindu	Other		Prefer not to say	
<input type="checkbox"/>	<input type="text"/>		<input type="checkbox"/>	