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| **Complaint** **Review Form** |
| **Using this form**  Please use this form if you are unhappy about the outcome of your complaint.  The Police and Crime Commissioner must receive your application for a 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 application for a review by 29 April),*  *Fields marked with an \* are mandatory.* |
| **Accessibility**  If you require any adjustments to support you to make your application, please tell us. For example, if you have a visual impairment, or if English is not your first language.  Email: [info@southyorkshire-pcc.gov.uk](mailto:info@southyorkshire-pcc.gov.uk)  Telephone: 0114 2964150 |
| **What happens to the information in my review form?**  The Police and Crime Commissioner is committed to ensuring your information is secure. We have robust, physical and electronic controls in place to keep your information secure.  The information you provide on this form will be entered into our systems and may be shared with South Yorkshire Police.  If you have any concerns about your information being passed to South Yorkshire Police please call us on 0114 2964150.  We will use any information you provide in accordance with our privacy notice <https://southyorkshire-pcc.gov.uk/app/uploads/2019/02/Privacy-Notice.pdf>  I confirm I have read and understood the above information about how my data will be handled.\* |
| **Section 1 - About you**  \* Title:  \* First name(s):  \* Last name(s):  Date of birth:  *Please provide at least two forms of contact below.*  Address:  Email:  Telephone:  \* Preferred method of contact:  \* Are you applying for a review on your own behalf?  I am applying for a review on my own behalf (you do not need to complete Section 2)  I am applying for a review on behalf of someone else (complete Section 2) |
| **Section 2 – Details of person on whose behalf you are making a review**  (Do not complete this section, if you are making an application 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. Please attach written confirmation that consent has been provided.  **What is your relationship to the person making the application of the review?**  \* Title:  \* First name(s):  \* Last name(s):  Date of birth:  *Please provide at least two forms of contact below.*  Address:  Email:  Telephone:  \* Preferred method of contact: |
| **Section 3 – Review details**  \* Force reference number *(this should be on any correspondence you have had from South Yorkshire Police):*  **Please explain why you want to have a review:**  **Please explain what you would like to happen:** |
| **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:Click here to enter a date. |
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| **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 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 click on the answers that apply and an ‘X’ will be added.* |
| **Sex:**  Female  Male  Intersex  Other (please give details): |
| **Is your gender different to the gender you were assigned at birth?**  Yes  Please state the gender you were assigned at birth?  No  Don’t know |
| **Sexual orientation:**  Heterosexual/straight  Bisexual  Gay/lesbian  Not known  Other (Please state): |
| **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) |
| **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: 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 know |
| **Section 6 – Feedback**  We are constantly striving to improve our service. Please tell us if you have any feedback below:    Would you be happy to be contacted about your experience of the police / Office of the Police and Crime Commissioner’s complaints / review handling system?  Yes  No  Thank you for the information you have provided. |

This form should be completed and sent to:

Email: [info@southyorkshire-pcc.gov.uk](mailto:info@southyorkshire-pcc.gov.uk)

Mail: South Yorkshire Police and Crime Commissioner

South Yorkshire Police HQ

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