|  |
| --- |
| **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.ukTelephone: 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. |
|  |
| **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?**[ ]  YesPlease 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[ ]  NoThank you for the information you have provided. |

This form should be completed and sent to:

Email: info@southyorkshire-pcc.gov.uk

Mail: South Yorkshire Police and Crime Commissioner

South Yorkshire Police HQ

Ground Floor

Carbrook House

Carbrook Hall Road

Sheffield

South Yorkshire

S9 2EH