



Request 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 212351

Email: complaints-pcc@lincs.police.uk

If you require any adjustments to support you through the complaints system, please outline them in the form 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 review body. 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 form

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

By email: complaints-pcc@lincs.police.uk

Section 1 - About you

▶ Title (Mr, Mrs, Miss, Ms, etc):

▶ First name(s):

▶ Last name(s):

Date of birth:

Please provide at least two forms of contact below.

Postal address:

Postcode:

Email address:

Telephone number:

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. If the answer is **Yes** you will need to complete Section 2 below.*

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):

▶ First name(s):

▶ Last name(s):

Date of birth:

Please provide at least two forms of contact below.

Postal address:

Postcode:

Email address:

Telephone number:

Preferred method of contact?

Section 3 – Complaint details

▶ Which Police Force did you complain to?

▶ On what date did you make your complaint?

▶ What is the Police Force complaint reference number?

This should be on any correspondence you have had from the Police Force.

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▶ Please provide a summary of your complaint:

▶ Please provide the date you were given the details about your right of review:

This should have been at the conclusion of the investigation or other handling of your complaint.

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Please explain why you have applied for a Complaint Review:

Please outline, for example, 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 explain what you would like to see 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.

Section 4 – Confirmation

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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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:

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:

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Sexual orientation:

Heterosexual/straight:

Bisexual:

Gay/lesbian:

Not known:

Other: (please state below)

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If you have answered 'yes' to the question above, which option below describes your disability?

Hearing:

Learning difficulty:

Long-term illness/health condition:

Mental health condition:

Mobility or physical impairment:

Sight:

Other: (please state below)

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