

**Complaints against the Police and Crime Commissioner for
Bedfordshire or their Deputy**

This form can be used for making a complaint about the conduct of the Police and Crime Commissioner or the Deputy Police and Crime Commissioner for Bedfordshire. Complaints will be dealt with by the Police and Crime Panel or as delegated under the Complaints Procedure.

1. **Please provide us with your name and contact details (*see section 5 if you have any concern about confidentiality*):**

Title:	First name:	Last name:
Address:		
		Postcode:
Contact Telephone:		
Email address:		

Signature:
Date of complaint:

2. **Please indicate below who your complaint is about (*please tick*):**

- Police and Crime Commissioner for Bedfordshire
- Deputy Police and Crime Commissioner for Bedfordshire

3. **Please provide details of your complaint in this section (*please continue on separate sheets as necessary*):**

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Please provide as much information as possible and be specific regarding what was allegedly said or done, the date it happened and whether there were any witnesses.

4. **Are you a member of the Commissioner's staff? (please delete as appropriate)**

YES / NO

5. **Only complete this section if you are requesting that your identity is kept confidential.**

The subject of the complaint will be provided with a copy of the complaint unless to do so:

- might prejudice any criminal investigation or pending proceedings, or
- would otherwise be contrary to the public interest.

In the interests of fairness and natural justice, we believe people who are complained about have a right to know who has made the complaint. The copy of the complaint provided may be anonymised, but we are unlikely to withhold your identity unless you have a good reason for it not to be disclosed.

Please note that requests for confidentiality will not automatically be granted. We will consider your request alongside the substance of your complaint and 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, it is important to understand that in certain exceptional circumstances where the matter complained about is very serious, we can proceed to deal with the complaint 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:

6. **Additional Help**

If you need any support in completing this form, please let us know as soon as possible. We can also help if English is not your first language.

7. Please return to:

Barbara Morris

Assistant Chief Executive (Governance & Human Resources) (Solicitor to the Council)

Bedford Borough Council

Cauldwell St

Bedford

MK42 9AP

Tel: (01234) 267422

Email: barbara.morris@bedford.gov.uk

How you can help us treat everyone fairly (optional).

By answering the following questions you will help us make sure that we give a fair service to all. Any information you provide will be used for monitoring purposes only and will not affect the way your complaint is treated.

Are you?

Male

Female

Prefer not to say

Do you have any of the following conditions?

A physical disability

A mental health condition

Any other long term condition

Prefer not to say

A sensory disability

Learning difficulties

None of these

What is your ethnic group?

White/White British

Black/Black British

Other

Asian/Asian British

Mixed

Prefer not to say

What is your age?

18-29

30-44

45-59

60-74

75+

Prefer not to say

Signature:.....

Date: