**Kent County Council**

**Code of Conduct Complaint Form**



**Your Details**

1. Please provide us with your name and contact details.

|  |  |
| --- | --- |
| **Title:** |  |
| **First name:** |  |
| **Last name:** |  |
| **Address:** |  |
| **Daytime telephone:** |  |
| **Evening telephone:** |  |
| **Mobile telephone:** |  |
| **Email address:** |  |

2. Please tell us which complainant type 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 (please give details) |  |

3. Please provide us with the name of the councillor(s) you believe has breached the Code of Conduct and the name of their authority:

|  |  |  |  |
| --- | --- | --- | --- |
| Title | First name | Last name | Council or authority name |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

4. **Please explain in this section what the councillor has done that you believe breaches the Code of Conduct.** If you are complaining about more than one councillor 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 Monitoring Officer when he (acting in consultation with the Independent Person and the Chairman of the Standards Committee) decides whether to take any action on your complaint. For example:

* You should be specific, wherever possible, about exactly what you are alleging the councillor said or did. For instance, instead of writing that the councillor has conducted himself in a manner which could reasonably be regarded as bringing his office or the Authority into disrepute you, you should state what it was they said or did..
* 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. |

|  |  |
| --- | --- |
| Signed: |  |
| Date: |  |

Return Address: The Monitoring Officer

c/o The Head of Democratic Services

Kent County Council

Sessions House

County Hall

Maidstone

Kent ME14 1XQ

**Complaints Form – Monitoring Information**

In order to ensure we target our services in the most effective way for our community, we would appreciate if it you would give answers to the following questions. Please note that the information on this page **will not** be provided to the subject member of the complaint.

Q1. Ethnic Group

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **White:** | |
|  |  | British | |
|  |  |  | |
|  |  | Irish | |
|  |  |  | |
|  |  | Any other white background | |
|  |  | | **Black or black British:** |
|  |  | | Caribbean |
|  |  | |  |
|  |  | | African |
|  |  | |  |
|  |  | | Any other black background |
|  |  | | **Asian or Asian British:** |
|  |  | | Indian |
|  |  | |  |
|  |  | | Pakistani |
|  |  | |  |
|  |  | | Bangladeshi |
|  |  | |  |
|  |  | | Any other Asian background |

Q2. Sex

|  |  |  |
| --- | --- | --- |
|  |  | Male |
|  |  |  |
|  |  | Female |

Q3. Partnership Status

|  |  |  |
| --- | --- | --- |
|  |  | Single |
|  |  |  |
|  |  | Married/Civil Partner |
|  |  |  |
|  |  | Separated |
|  |  |  |
|  |  | Divorced |
|  |  |  |
|  |  | Widow/Widower |

Q4. Age Group

|  |  |  |
| --- | --- | --- |
|  |  | Under 16 |
|  |  |  |
|  |  | 16-19 |
|  |  |  |
|  |  | 20-24 |
|  |  |  |
|  |  | 25-59 |
|  |  |  |
|  |  | 60-64 |
|  |  |  |
|  |  | 65 and above |

Q5. Do you have a disability?

|  |  |  |
| --- | --- | --- |
|  |  | Yes |
|  |  |  |
|  |  | No |

Q6. What is the nature of your disability?

|  |  |  |
| --- | --- | --- |
|  |  | Difficulty getting around |
|  |  |  |
|  |  | Mental health problems |
|  |  |  |
|  |  | Learning difficulty |
|  |  |  |
|  |  | Difficulty seeing |
|  |  |  |
|  |  | Hearing difficulty |
|  |  |  |
|  |  | Other |

Q7. To help us monitor issues for different sections of our community, we would appreciate it if you would tell us which faith group, if any, you belong to. If lack of faith is an issue in itself we would also like to know.

|  |
| --- |
|  |