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Please save this file to your desktop and open it using Adobe Acrobat Reader.

You may download a current copy of Reader from: <https://get.adobe.com/reader>

Thank you.

Local authority monitoring officer

Other council officer or authority employee

Other (please state)

**Section 2 - The member you are complaining about**

Please complete the names of the member(s) you believe have failed to comply with the code of conduct, and the name of their authority:

Title	First name	Last name	Council or Authority

**Section 3 - Your complaint**

Use this section to explain the nature of your complaint. You may continue on a separate sheet if necessary. If your complaint concerns more than one member, please ensure that you explain the nature of your complaint against each member.

Please ensure that you provide all the information you wish to have taken into account to enable the monitoring officer to decide how your complaint should be dealt with. You should specify what the member said or did to cause you to make your complaint, give dates of alleged incidents and provide any supporting evidence and names and contact details of any witnesses. You should also indicate which part of the Code of Conduct you believe has been breached. Please continue on the blank sheet at the bottom of this form if necessary:

Signature:

Date:

Guidance notes for the complaint form

### **Are you using the correct form?**

Before completing the complaints form, please ensure that:

- your complaint is about conduct that occurred while the member you are complaining about was in office. Conduct of an individual before he or she was elected, co-opted or appointed to a council, or after he or she has resigned or otherwise ceased to be a member, cannot be considered under this procedure;
- your complaint is about one or more named members of:  
Herefordshire Council; or a  
Parish council or town council in Herefordshire
- your complaint is that the member has, or may have, failed to comply with the council's Code of Conduct. A copy of the Code of Conduct is available on the council's website, or from the monitoring officer.

Complaints about a service provided by the council, or the actions of people employed by the council cannot be dealt with using this procedure. These matters are dealt with by the council's complaints procedure, accessible at [www.herefordshire.gov.uk](http://www.herefordshire.gov.uk) for Herefordshire Council, or by the Local Government Ombudsman at [www.lgo.org-uk](http://www.lgo.org-uk).

We will tell the member that you are complaining about that we have received a complaint and the name of the person making the complaint. If you have any concerns about this, please contact the monitoring officer.

### **Additional Help**

Complaints must be submitted in writing. This includes fax and electronic submissions. If you have a disability that prevents you from making your complaint in writing, we will make reasonable adjustments to assist you. We can also help if English is not your first language.

If you need help with completing this form, please let us know as soon as possible or contact the Corporate Diversity Team on 01432 260244 or e-mail: [diversity@herefordshire.gov.uk](mailto:diversity@herefordshire.gov.uk)

### **Section 4 - Herefordshire Council Diversity Monitoring Form**

The following information is needed to help us ensure that our services are accessible to all. Your answers will be treated in the strictest confidence and will not be used to identify you. You do not have to complete this form but it will help us to improve our services if you do. For further information, please refer to the 'Diversity Monitoring' pages on our website.

Data Protection Act 2018

The data collected in this form will be used only for the purpose of statistical monitoring. This information will only be retained for as long as is considered necessary for monitoring purposes and then it will be destroyed. At all times it will be kept in accordance with the Act.

Your gender:    Male                      Female                      Other (please specify)

Your age:

0-15 years	25-44 years	65-74 years
16-24 years	45-64 years	75+ years

Disability

Do you have a disability, long-term illness or health problem (12 months or more) which limits daily activities or the work you can do?

Yes                      (please specify below - tick all that apply)                      No

Deaf/hard of hearing/acute hearing

Blind/partially sighted/sensitive to light

Learning disabilities or difficulty

Mental illness

Progressive/chronic illness (e.g. MS, cancer)

Mobility difficulties

Other (please specify)

Your sexual orientation (please tick one only):

Heterosexual                      Gay

Bisexual                      Lesbian

Prefer not to say

Your religion/belief (please tick one box only)

Christian	Muslim	Jewish
Hindu	Sikh	Buddhist
None	Other (please specify)	

Your national identity (please tick one box only)

English	Scottish	British
Welsh	Irish	Other (please specify)

Your ethnicity (please tick one box only)

White

British	Irish Traveller	Romany/Gypsy
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Other White Background (please specify)

Black

British	African	Caribbean
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Other Black background (please specify)

Asian

British	Indian	Pakistani
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Bangladeshi      Other Asian background (please specify)

Chinese

British	Chinese
---------	---------

Other Chinese background (please specify)

Mixed

British	White & Black African
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White & Asian

White & Black Caribbean

White & Chinese

Other Mixed background (please specify)

Other

Any other background (please specify)

Your postcode:

Further information about complaint: