

ETHICS COMPLAINT FORM

Your details

1.	Please	provide	us with	your	name	and	contact	details
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	Title:	
	First name:	
	Last name:	
-	Address:	
•	Daytime telephone:	
	Evening telephone:	
	Mobile telephone:	
	Email address:	
	have made this complate would not be appropriate. We will tell them your not complaint. We will give necessary or appropriate	member you are complaining about that you int, unless the Monitoring Officer decides that it
	_	me and a summary, or details of your complaint complete section 5 of this form.
2.	being released, please	·

Member of Parliament
Local authority monitoring officer
Other council officer or authority employee
Other ()

Making your complaint

You are referred to the <u>"Procedure for handling complaints of breach of the Member Code of Conduct" Booklet which is available on the Council's website by clicking this link which explains how complaints of a breach of the Member Code of Conduct will be handled in Lewisham.</u>

3. Please provide us with the name of the member(s) you believe have 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 (or on separate sheets) what the member has done that you believe breaches the Code of Conduct. If you are complaining about more than one member 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 in deciding what action to take on your complaint. For example:

- You should be specific, wherever possible, about exactly what you are alleging the member said or did. For instance, instead of writing that the member insulted you, you should state what it was they said.
- 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.

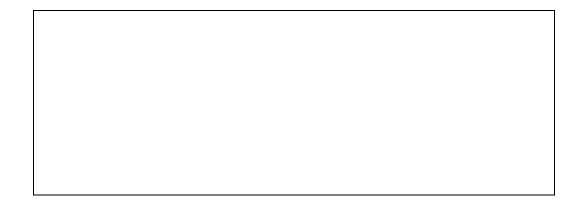
Only complete this next section if you are requesting that your identity is kept confidential

- 5. In the interests of fairness and natural justice, we believe members who are complained about have a right to know who has made the complaint. We also believe they have a right to be provided with a summary of the complaint. We are unlikely to withhold your identity or the details of your complaint unless you have good reason to believe that:
 - you will be at risk of physical harm if your identity is disclosed;
 - you are a Council employee who works closely with the member concerned and you are afraid of the effect on your employment if your identity is disclosed;
 - you have a serious medical condition and there are medical risks associated with the disclosure of your identity

Please note that requests for confidentiality or requests for withholding the details of your complaint will not automatically be granted. The Monitoring Officer will consider the request alongside the substance of your complaint. We will 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 with an investigation or other action 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 and/or the details of your complaint:



Additional Help

6. Complaints must be made in writing including by fax or e-mail. We can make reasonable adjustments to assist you if you have a disability that prevents you from making your complaint in writing. We can also help if English is not your first language.

If you need any support to complete this form, please let us know as soon as possible.

Complaints must be sent to: The Monitoring Officer

London Borough of Lewisham

Lewisham Town Hall

Catford

London SE6 4RU

Tel: 020 8314 7648 Fax: 020 8314 3107

E mail: monitoring.officer@lewisham.gov.uk

7. Equality monitoring questions

Lewisham Council has an equal opportunities policy and is keen to ensure that it is working efficiently. The information you provide in this section will be used for statistical monitoring only.

(Please tick the appropriate box)

Female	Age	Date of birth
Male		

Ethnic origin (2001 Census categories) Please indicate below (tick one box only)

White	N	lixed		Asian	or Asian British
	British		White and Black Caribbean		Indian
	Irish		White and Black African		Pakistani
	Turkish/Turkish Cypriot		White and Asian		Bangladeshi
	Any other white background		Any other mixed background		Tamil
					Any other Asian
					background

Black or Black British Chinese or other ethnic group

Caribbean	Chinese	
African	Vietnamese	
Any other black background	Any other ethnic group	

Do you consider yourself disabled?

		Yes		No
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(Note: the Disability Discrimination Act says that this would be "a substantial or long term physical or mental impairment or health issue which could adversely affect your ability to carry on normal day to day activities")

Examples of Disabilities – the following list of conditions or impairments is given as a guide only and is not meant to be exclusive. We have provided this list as it may help you to answer the question

Hearing, speech or visual impairments

(if you wear glasses or contact lenses this is not normally considered a disability)

Co-ordination, dexterity or mobility

(eg polio, spinal cord injury, back problems, repetitive strain injury)

Mental health

(eg schizophrenia, depression, severe phobias)

Speech Impairment

(eg stammering)

Learning Disabilities

(eg Down's Syndrome)

Other physical or medical conditions

(eg diabetes, epilepsy, arthritis, cardiovascular conditions, haemophilia, asthma, cancer, facial disfigurement, sickle cell, dyslexia, etc)