

# Chief Constable Complaint Form



## Using this form

Please use this form if you wish to make a complaint about the conduct of the Nottinghamshire Police Chief Constable.

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 – please contact us:

Telephone: 0115 8445998

Email: [nopcc@nottinghamshire.pnn.police.uk](mailto:nopcc@nottinghamshire.pnn.police.uk)

If you require any adjustments to support you through the complaints system, please outline these 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 complaint form?

We have a legal requirement to pass the details of your complaint to the appropriate authority. Please note, all the contents of this form (including your equality and diversity information) will be passed to the relevant police force or the IOPC for them to record if we are not the appropriate authority.

For information about how we handle your personal information, please read our privacy notice at: <https://www.nottinghamshire.pcc.police.uk/Document-Library/Public-Information/Policies-and-Procedures/NOPCC-Privacy-Notice-May-18.pdf>

## Where to send my complaint form

This form should be completed and sent to:

NOPCC, Arnot Hill House, Arnold, Nottingham, NG5 6LU  
[nopcc@nottinghamshire.pnn.police.uk](mailto:nopcc@nottinghamshire.pnn.police.uk)

## Section 1 - About you

**\*Title:**

**\*First name(s):**

**\*Last name(s):**

**Date of birth:**

*Please provide at least one form of contact below.*

**Address:**

**Email:**

**Telephone:**

**Preferred method of contact:**

**Are you making the complaint for someone else?** *If the answer is no, you do not need to complete Section 2.*

## Section 2 – Details of person on whose behalf you are making a complaint

Do not complete this section if you are making a complaint on your own behalf. If you are making this complaint on behalf of someone else, you must have permission from that person.

**What is your relationship to the person making the complaint?**

**\*Title:**

**\*First name(s):**

**\*Last name(s):**

**Date of birth:**

*Please provide at least one form of contact below.*

**Address:**

**Email:**

**Telephone:**

**Preferred method of contact:**

### **Section 3 – Complaint details**

**When did it happen? (If known):**

**What time did it happen? (If known):**

**Incident reference number** *(if you have one. An incident reference number may have been provided to you if police attended an incident you were involved in – this field is not mandatory.)*

**\*What is your complaint about?** *Please consider using the following details to describe your complaint: what your complaint is about, who was involved, if there was any damage or injury, what was said and done.*

**\*What would you like to happen as a result of your complaint?** *Please add an 'X' next to any options that apply.*

The police force or other organisation to learn from the incident

The individual officers or staff involved to learn from the incident

Individuals or other organisations involved to be criminally prosecuted

Individuals involved to face disciplinary procedures

Gesture of goodwill from the police force or other organisation

Police force or other organisation to apologise/acknowledge something went wrong

Explanation from the police force or other organisation

Police force or other organisation to return property

Removal of information from police or other organisation systems

Police or other organisations to review policy/procedure

Don't know

Other (please state below)

**Does your complaint involve discrimination? Please add an 'X' next to your answer.**

- Yes
- No

**If your complaint involves discrimination, please place an 'X' next to the characteristic that it refers to.**

- Age
- Disability
- Gender / Gender reassignment
- Race
- Religion and belief
- Sexual orientation
- Other (please state below)

## **Section 4 – Details of the police officer/staff member that you are complaining about**

**Do you know any details about the police officers/police staff involved in your complaint?**

- Yes
- No

**Please provide the rank, number, first name(s) and/or last name(s) of the officer(s) below.**

## **Section 5 – Witnesses to the incident**

**Were there any witnesses?**

- Yes
- No

**Do you know the contact/identification details of any witnesses?**

- Yes
- No

**Please provide the first name(s), last name(s) and any contact details for the witness(es) below:**

## **Section 6 – Additional information**

**Would you like to give us any other information? Please add any other relevant information below:**

## **Section 7 – Confirmation that information provided is correct**

I confirm the information I have provided is truthful and accurate to the best of my knowledge.

Name:

Date:

## Section 8 – Equality of service monitoring form

We want to make sure everyone has an equal chance to use and benefit from our services. To help us 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 complaint in any way.

The information provided in this form will be used by public bodies involved in the police complaints system, including the police and IOPC. 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 a 'X'.*

### **Sex:**

- Female
- Male
- Intersex
- Other (please give details)

### **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:**

### **Sexual orientation:**

- Heterosexual/ straight
- Bisexual
- Gay/lesbian
- Not known
- Other (please state below)

### **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

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

- Hearing
- Learning difficulty
- Long standing illness or health condition
- Mental health condition
- Mobility or physical impairment
- Sight
- Other (please state below)

## Ethnicity:

- White:  
English/Welsh/Scottish/Northern  
Irish/British
- White: Irish
- White: Gypsy, Traveller or Irish  
Traveller
- White: any other white background  
(please describe)
- Mixed: white and black Caribbean
- Mixed: white and black African
- Mixed: white and Asian
- Mixed: any other mixed/multiple  
ethnic background (please  
describe)
- Asian: Indian
- Asian: Pakistani
- Asian: Bangladeshi
- Asian: Chinese
- Asian: any other Asian background  
(please describe)
- Black: African
- Black: Caribbean
- Black: any other  
black/African/Caribbean  
background (please describe)
- Other: Arab
- Not known
- Other: any other ethnic group  
(please describe)

## Religious belief/faith:

- No religion
- Christian (including Church of  
England, Catholic, Protestant and  
all other Christian denominations)
- Buddhist
- Hindu
- Jewish
- Muslim
- Sikh
- Any other religion (please  
describe)
- Not known

## Pregnancy and maternity:

- Pregnant
- On maternity/paternity/adoption  
leave
- Returning from maternity/paternity/  
adoption leave
- None of the above

## Section 9 – Feedback

**We are constantly striving to improve our service. Please tell us if you have any feedback below.**

**Would you be happy to be contacted about your experience of the police complaints system?**

- Yes
- No

Thank you for the information you have provided.

## End of form

This form should be completed and sent to:

Nottingham Office of the  
Police & Crime Commissioner  
Arnot Hill House  
Arnold  
Nottingham  
NG5 6LU

[nopcc@nottinghamshire.pnn.police.uk](mailto:nopcc@nottinghamshire.pnn.police.uk)