# Review and appeal form

## **Using this form**

Please use this form if you are unhappy about the outcome of your complaint, or about how your complaint has been handled.

Whether your case will be handled as an appeal or a review depends on the date your complaint came to the attention of the police force/other organisation. When we receive your form, we will decide whether your case is a review/appeal.

**We must receive your review/appeal within 28 days from the day after the date stated on your outcome letter**. For example, if your letter is dated 1 April, you have to make sure we receive your review/appeal by 29 April.

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: 0121 626 6060
Email: **PC\_Wmpcccomplaints@west-midlands.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 the police or other organisation to provide written responses in larger text.

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**What happens to the information in my review and appeal form?** The information you provide on this form will be entered into our systems. We may also need to pass the details of your review/appeal to the relevant police force/organisation. Please note, all the contents of this form (including your equality and diversity information) may be passed to the relevant police force. **If you have any concerns about your information being passed to the police or you require further information about how your data will be handled, please call us on 0300 020 0096**.

For information about how we handle your personal information, please read our privacy notice at [www.policeconduct.gov.uk/privacynotice](http://www.policeconduct.gov.uk/privacynotice)

## **Where to send this review and appeal form**

This form should be completed and sent to Complaints Review Manager, West Midlands Police and Crime Commissioner, Lloyd House, Colmore Circus, Queensway, B4 6NQ. Email: PC\_Wmpcccomplaints@west-midlands.pnn.police.uk

**Section 1 - About you**
**\*Title:** …………………………………………………………………………………………………

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

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

**Date of birth:** ………………………………………………………………………………………..

*Please provide at least two forms of contact below.*

**Address:** …………………………………………………………………………………………..

**Email:** ………………………………………………………………………………………………

**Telephone:** ………………………………………………………………………………………..

**Preferred method of contact:** *Please mark your answer with an ‘X’.*

|  |  |  |
| --- | --- | --- |
| [ ]  Email | [ ]  Telephone | [ ]  Post |

**Are you applying for a review/appeal for someone else?** *Please mark your answer with an ‘X’. If the answer is no, you do not need to complete Section 2.*

|  |  |
| --- | --- |
| [ ]  **Yes** – Please complete section 2.  | [ ]  **No** – Please go to section 3. |

## **Section 2 – Details of person on whose behalf you are applying for a review/appeal**

Do not complete this section, if you are applying for a review/appeal on your own behalf.

If you are applying for a review/appeal on behalf of someone else, you must have permission from that person.

**What is your relationship to the person making the appeal?** …………………………….

**\*Title:** …………………………………………………………………………………………………

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

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

**Date of birth:** ………………………………………………………………………………………..

*Please provide at least two forms of contact below.*

**Address:** …………………………………………………………………………………………….

**Email:** ……………………………………………………………………………………………….

**Telephone:** ……………………………………………………………………………………...

**Preferred method of contact:** *Please your answer with an ‘X’.*

|  |  |  |
| --- | --- | --- |
| [ ]  Email | [ ]  Telephone | [ ]  Post |

## **Section 3 – Review/appeal details**

*Please attach the final decision letter from the police force or any additional documents that are relevant. The final decision letter from the police can help us process your review/appeal more quickly*.

**Complaint reference number:** *This should be on any correspondence you have had from the
force.*

………………………………………………………………………………………………………

**Please explain why you want to apply for a review/appeal.** *Please outline if you are unhappy with the way your case was recorded or handled, the way it was investigated or the final outcome of the case. Please provide details explaining why:*

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 **Please explain what you would like to happen.** *What can happen depends on the circumstances of the case and whether it is a review or appeal. If you are unhappy with the outcome of your complaint or the way it was investigated, you may want to suggest an alternative final outcome.*

*………………………………………………………………………………………………………..*

*………………………………………………………………………………………………………..*

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*………………………………………………………………………………………………………..*

*………………………………………………………………………………………………………..*

## **Section 4 – ­­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 5 – Equality of service monitoring form**

We want to make sure everyone has an equal chance to use and benefit from our services. To 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 review/appeal 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 an ‘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)

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[ ]  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 6 – 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.