



PCR1 No:

Complaint Ref: CO/ /

COMPLAINT AGAINST A PERSON SERVING WITH THE POLICE

Should guidance be required to assist in the completion of this form, then please access the Professional Standards Intranet website or contact the Professional Standards Department by telephone on 700-2636 / 2757 / 2078 / 2066 or by fax on 700-2817.

RECEIVING OFFICER CHECKLIST

PLEASE ENSURE YOU HAVE:

Double click on box and select 'checked'

- ☐ Completed all mandatory fields and all other sections as far as possible. **Without these details the complaint cannot be recorded. Details must be completed. Save and retain this document for completion during the enquiry.**
- ☐ Obtained written permission from the complainant, if their complaint is being made by another person on their behalf.
- ☐ Completed officer defined ethnicity section 4 – **this must be completed.**
- ☐ Fully completed the equality of service monitoring form at section 5 and read out the paragraph at the top of the form explaining to the complainant the reasons why this data is required.
- ☐ Obtained the complainant's signature at the bottom of section 6 and fully completed parts 6 and 7 if the complainant has agreed for the matter to be locally resolved, or part 8 if the complaint is withdrawn / not proceeded with.
- ☐ On completion of the local resolution or proportionate investigation, ensured all sections of the PCR/1 are complete and submit **all paperwork** via the Divisional Commander / Head of Department prior to forwarding to the Professional Standards Department.

REMEMBER - THIS REPORT MAY BE DISCLOSED IN FULL

RESTRICTED

Date:		Div/Station:		Officer recording:	Rank ID No & Name: 3942
--------------	--	---------------------	--	---------------------------	---------------------------------------

1

Details of Complainant					
Surname:			First Names:		
Address:			Title:	MR <input type="checkbox"/> / MRS <input type="checkbox"/> / MISS <input type="checkbox"/> / MS <input type="checkbox"/>	
			Other (Please specify)		
			Date of Birth:		
			Tel. No:		
			Mobile no:		
			Occupation:		
Postcode:			E Mail Address:		
Preferred Method of Contact is by:			Home Telephone: <input type="checkbox"/> Mobile: <input type="checkbox"/> Letter: <input type="checkbox"/> E Mail: <input type="checkbox"/> Third Party: <input type="checkbox"/>		
Third Party details if applicable:					
Is the Complainant: Complete additional forms for each complainant or interested party: (if applicable)					
Subject of alleged conduct <input type="checkbox"/>	Adversely affected by alleged conduct <input type="checkbox"/>	A witness to the alleged conduct <input type="checkbox"/>	Acting on behalf of the complainant <input type="checkbox"/>		

2

Details of Complaint					
How Made:	Letter <input type="checkbox"/>	E-Mail / Web Form <input type="checkbox"/>	Telephone <input type="checkbox"/>		
		Personal Visit to: _____ Police Station (please indicate which station)			
Date:		Time:	hrs	<input type="checkbox"/> Received / <input type="checkbox"/> Seen by: _____ ID No: _____	
Incident No:	test	Date of incident:	test	Time of incident:	hrs
Location of incident:					
Section where incident occurred					
Brief circumstances of incident (including details of injuries, if any)					
NB. Initial investigative action to be recorded in Section 7: (Continue on separate sheet if necessary)					

3

Member(s) of the Police Service Subject of Complaint (Continue on separate sheet if necessary)				
	Rank / Grade	ID No.	Name	Section
1				
2				
3				
4				

RESTRICTED

4 Outline the Complainant's specific allegations (Continue on separate sheet if necessary)
(Please list and number each allegation)

In the opinion of the complainant, does the complaint contain any factors relating to any of the following:

Racial ☐ Homophobic ☐ Religion ☐ Mental health ☐ Sexuality ☐ Disability ☐

Officer Defined Ethnicity of Complainant – White ☐ Asian ☐ Black ☐ Other ☐
 (Must be completed)

5 Additional Information

Is complaint related to arrest of complainant: ☐ Yes ☐ No Status of proceedings

If Charged or Bailed next appearing at: Court/Police Station On date:

Checklist of documents

NB Custody Record should be attached to this form in all applicable cases. Other forms to be attached if available. Photocopies will normally be sufficient, but where the document forms the basis of the allegation, e.g. false written entry, the original should be seized and exhibited.

<input type="checkbox"/>	Custody Record	<input type="checkbox"/>	Pocket Book Entry	<input type="checkbox"/>	Medical records	<input type="checkbox"/>	Incident log
<input type="checkbox"/>	Search Record	<input type="checkbox"/>	Crime Report	<input type="checkbox"/>	Copy File	<input type="checkbox"/>	Custody CCTV Evidence
<input type="checkbox"/>	Use of Force Forms	<input type="checkbox"/>	Digital Photo's	<input type="checkbox"/>	Polaroid's	<input type="checkbox"/>	Head Camera Evidence
<input type="checkbox"/>	Medical Consent Form (force form no. 187)						
<input type="checkbox"/>	Miscellaneous property reference and location where originals held:						
<input type="checkbox"/>	Other (attach copies):						

EQUALITY OF SERVICE MONITORING FORM**PLEASE ENSURE THIS SECTION IS EXPLAINED TO COMPLAINANT**

Derbyshire Police is committed to providing Equality of Service in terms of dealing with members of the Public regardless of race, gender, marital status, colour, nationality, religion or belief, ethnic or national origin, sexual orientation, age or disability. This commitment applies to all issues in relation to dealing with members of the public. In order that we may monitor and maintain Equality of Service would you please answer the following questions. *However, if you would prefer not to say it will not affect your complaint in any way:*

Date of Birth: _____ Age: _____

Gender: ☐ Male ☐ Female ☐ Other ☐ Prefer not to say

Disability: ☐ No ☐ Yes – (Please specify): _____

Ethnic Origin – Please tick one box

White:	White British <input type="checkbox"/>	White Irish <input type="checkbox"/>	Any other white background <input type="checkbox"/>
Mixed:	White & Black Caribbean <input type="checkbox"/>	White & Black African <input type="checkbox"/>	White & Asian <input type="checkbox"/>
			Any other mixed background <input type="checkbox"/>
Asian or British Asian:	Indian <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>
			Any other Asian background <input type="checkbox"/>
Black or Black British:	Caribbean <input type="checkbox"/>	African <input type="checkbox"/>	Any other Black background <input type="checkbox"/>
Other ethnic groups:	Chinese <input type="checkbox"/>	Any other ethnic group <input type="checkbox"/>	
	Prefer not to say <input type="checkbox"/>		

6 Local Resolution - ACTION TO BE TAKEN

A complaint can be subjected to local resolution where:

- The alleged conduct if proved would not justify a criminal charge or disciplinary proceedings and/or does not involve infringement of a persons right to life or amount to torture or inhuman or degrading treatment (Article 2 and 3 Human Rights Act)
- The complaint is not a mandatory referral to the IPCC (See Section 12 re Referral Criteria).

Please provide details of the action which will provide a proper outcome to this complaint making sure that what is to be done is sufficient to address the matters complained about.

I have been informed that my complaint will be subjected to local resolution and of the action to be taken.

The following points have been explained to me:

- Reason why the complaint can be subjected to local resolution and the purpose of it
- Why the action above provides a proper outcome to the complaint
- That any statements made during the process about the subject of the local resolution will be inadmissible in any criminal disciplinary or civil proceedings
- That I will be notified in writing by the Professional Standards Department of the outcome of the local resolution (and sent a copy of the record of the outcome)
- That if I disagree that this is a proper outcome of my complaint I have a right of appeal to the Chief Constable

Complainant's Comments:

The detail of the action above should be discussed with the complainant who should be given the opportunity to comment on the complaint (if they do not wish to comment then this should be noted)

Signed: _____ (complainant)

Signature of officer _____ Rank/ID/Name: _____ Date: _____

RESTRICTED

- 7 **Written explanation and action taken to locally resolve complaint giving circumstances surrounding the complaint and any meeting between the complainant(s) and officers/ staff. This section is also to be used to detail initial action taken in cases of proportionate investigation, including the identity of police and civilian witnesses.**
(Continue on separate sheet if necessary)

OFFICER COMPLETING - Please record actions taken to complete this Local Resolution, giving details of how the action plan has been completed, including discussion with the officer(s) and any comments.

Action plan discussed with officers, and views and concerns of complainant fully conveyed. (A COPY OF THIS FORM WILL BE PROVIDED TO THE COMPLAINANT)

Name of officer
(please list each officer)

**Date officer
seen**

Seen by whom

Please list any additional officers

8 **Withdrawn/Not Proceeded With**

I have discussed my complaint with _____ (appointed officer) **Rank/ID No** _____

I am satisfied with the explanation given and I wish to **withdraw** / have decided **not to proceed** with my complaint. **Delete as applicable**

I accept that this will bring action on the complaint to an end and it will not normally be possible to reopen it.

This file will now be submitted to Professional Standards Department and the case will be closed with no further action.

Signature of Complainant: _____ Date: _____

Please submit to PSD via Divisional Commander together with any associated paperwork, and a covering report, if necessary.

Officer submitting file: -Rank/ID No/Name: _____ Signature: _____

Date submitted: _____

RESTRICTED

RESTRICTED

Please indicate below any learning issues identified as a result of this complaint and the action taken / recommended.

9	ORGANISATIONAL LEARNING ISSUES
10	INDIVIDUAL LEARNING ISSUES AND HOW ADDRESSED
11	DIVERSITY ISSUES IF APPROPRIATE AND HOW ADDRESSED

RESTRICTED

12 Mandatory Referral to The IPCC

Faxed to Professional Standards by:

Date:

Time:

hrs

Complaints concerning, Death following police contact, serious injury, serious corruption, serious assault, serious sexual offences, criminal offences and behaviour aggravated by discriminatory behaviour, and any relevant offence under the Serious Organised Crime and Police Act 2005 (ie any offence for which the sentence is fixed by law and any offence for which a person of 18 years and over may be sentenced to imprisonment for 7 years) **must be referred to the IPCC within 24 hours.**

If the incident occurs out of normal office hours or at the weekend, the duty on-call PSD Officer must be notified via CICR.

13 Divisional Commander/Head of Dept

☐ Officer and/or self defined ethnicity has been completed in section 4 and equality of service form. **(if not, please return to officer for completion before submission to PSD).**

☐ This complaint can be classified as **locally resolved.**

☐ Local Resolution is not possible or is not suitable. Please state reason(s)

I request this file be forwarded to the Professional Standards Department

☐ This complaint can be classified as **withdrawn / not proceeded with**

Signature of Divisional Commander/Head of Department: _____

Date : _____

14 RESULT OF COMPLAINT – to be completed by Head of Professional Standards Dept only

Date: _____

Signature _____

RESTRICTED