



North Wales Police

Professional Standards

Complaint Against a Member of the Police Service

The Form must be sent to PSD within 24 hours of the complaint being made via the Bulk Document Loader. The original form should be posted to PSD, HQ. For guidance on completing this form please see PSD website or contact the Department.

All sections marked with a * are MANDATORY and must be completed. Personal information regarding the complainant can be found on pages 12 & 13. Every effort should be made to capture this information. The form will be returned to you if any mandatory information is incomplete.

MEMBERS OF THE POLICE SERVICE SUBJECT TO COMPLAINT

A.983
(1/13))

(continue of separate sheet as necessary)

Please complete all mandatory (*) boxes.

If you complete this form in manuscript, please use **BLOCK CAPITALS**

Date	Division / Department
------	-----------------------

Details of Complainant			
*Surname:		*First Names:	
Previous Surname:		*Title:	
*Address:		*Date of Birth:	
		*Place of Birth:	
		*Gender:	
		*16+1 ID Code:	
*Postcode:		*PNCID Code:	
*Home Tel. No.:		Work Tel. No.:	Mobile No.:
Email Address:			
*Occupation:			
*Preferred Method of Contact: Phone <input type="checkbox"/> Letter <input type="checkbox"/> E Mail <input type="checkbox"/> Third Party <input type="checkbox"/>			
*Preferred Language: English <input type="checkbox"/> Welsh <input type="checkbox"/> Other <input type="checkbox"/>			

Details of Complaint			
How Made: Letter <input type="checkbox"/>			
<input type="checkbox"/> Personal visit to:	Police Station	Date:	Time:
Received / Seen by – Name:	Rank:	No.:	
Date of incident – (between dates if relevant)			
Time of incident – (between times if relevant)	ICAD:		
	RMS Occurrence No.:		
Location of Incident:			

	Rank / Post	ID No.	Name	Role at time of incident	Area/ Dept	16+ 1 Code
1.						
2.						
3.						
4.						
5.						
6.						

Does the complaint contain any factors relating to any of the following:			
Racial <input type="checkbox"/>	Homophobic <input type="checkbox"/>	Religion <input type="checkbox"/>	Mental Health <input type="checkbox"/>
Age <input type="checkbox"/>	Welsh Language <input type="checkbox"/>	Sexuality <input type="checkbox"/>	Disability <input type="checkbox"/>
Does the complaint arise from a forcible sectioning under the Mental Health Act:		Yes <input type="checkbox"/>	No <input type="checkbox"/>

NB. DO NOT TAKE A STATEMENT FROM THE COMPLAINANT AT THIS TIME BUT YOU MUST SERVE IPCC LEAFLET(S)

IPCC "HOW TO MAKE A COMPLAINT" leaflet provided?	Yes <input type="checkbox"/>
"LOCAL RESOLUTION" leaflet provided?	Yes <input type="checkbox"/>

Proceedings Against Complainant?			
Contemplated Yes <input type="checkbox"/> No <input type="checkbox"/>	Under Consideration Yes <input type="checkbox"/> No <input type="checkbox"/>	Instituted Yes <input type="checkbox"/> No <input type="checkbox"/>	
If charged or bailed, next appearing at: (Station/Court)		On (date)	

Checklist of Documents (where local resolution failed or not attempted)			
RMS Occurrence No.		ICAD Incident No.	Custody Record No
Photographs of Injuries <input type="checkbox"/>	Other relevant material available now <input type="checkbox"/> (please specify):		
Custody CCTV <input type="checkbox"/>	Other CCTV <input type="checkbox"/>	NIP (if appropriate) – Issued	Yes <input type="checkbox"/> No <input type="checkbox"/>
If the allegation is of Assault on a Juvenile – has the PPU been made aware?			Yes <input type="checkbox"/> No <input type="checkbox"/>

POLICE STATEMENT

REQUEST FOR STATEMENT FROM DOCTOR AND AUTHORITY TO DISCLOSE MEDICAL RECORDS

I, by signing this document, give consent to the Doctor(s) who saw

..... (patients name and date of birth)

at:(place)

at:(time) on: (date)

to provide to the police details of injuries detected by the Doctor(s) at that time.

I also give permission for the police and the Crown Prosecution Service to obtain copies of my medical records held at the Accident and Emergency Department / Surgery of concerning my attendance there on the above date and any other medical records held at the Hospital / Surgery in connection with the incident for which I received treatment / advice, for which consent is hereby given.

I understand that copies of my medical records may be passed to a defence solicitor and counsel representing a person charged with a criminal offence in connection with injuries for which medical treatment or advice was given to me, and to the court of trial.

I understand that I may inspect the records before giving permission and would be acting within the law to refuse to disclose the records to a third party, unless so ordered by the Court.

I therefore authorise the disclosure of my medical notes to the police and Crown Prosecution Service and a defence team instructed to defend a person charged with a criminal offence arising out of injuries sustained by me.

Signed:

If not the patient please indicate parent / guardian and give

Full Name:

Witnessed:

Date:

Local Resolution Attempted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If failed, reason for failed local resolution:		
.....		
.....		
.....		
.....		
.....		

Local Resolution
<p>Local resolution is an alternative to undertaking a formal investigation into a complaint and is a way of dealing with a complaint by solving, explaining, clearing up or settling the matter directly with the complainant. Although it is not a disciplinary process and will not lead to any misconduct proceedings, the manager of the police officer or staff member may take management action during, or as a result of, local resolution if appropriate. Local Resolution is only appropriate where:</p> <ul style="list-style-type: none"> • The alleged conduct if substantiated would not justify a criminal charge or disciplinary proceedings (There are exceptions, please refer to PSD for advice) where Local Resolution can be used to dispense of complaint. • The alleged conduct would not amount to the breach of a person's rights under Article 2 (Right to Life) or 3 (Prohibition of Torture - Inhumane, Degrading Treatment or Punishment) of the European Convention on Human Rights. • The Police officer(s) / Staff subject of the complaint is /are known and can be readily identified. <p>(NB) If complaint not suitable for Local Resolution refer to your Professional Standards Department</p>

EXPLANATORY POINTS

I am satisfied the following have been explained to me:

- Reason why the complaint qualifies for local resolution
- Purpose of local resolution
- My right of appeal against the process and outcome
- Case will be closed after the process has been completed
- No disciplinary action will be taken against the person complained against in relation to the conduct that is subject of the local resolution
- Who will conduct the process
- That I will be given a copy of the record of the outcome
- That any statements made during the process about the subject of the local resolution will be inadmissible in any criminal, disciplinary or civil proceedings
- What will happen if the conditions change and the police stop the process

I fully understand the Local Resolution process and the above points have been fully explained to me:

Signed: Time: Date:

Confirmation of Complaints

1.

2.

3.

4.

The above is an accurate description of my complaints against police and I have no other grievance at this time:

Signed: Time: Date:

LOCAL RESOLUTION: ACTION PLAN *(see last page for guidance)*

Action Plan To Be Taken In Respect of Local Resolutions. Action Plan must be **reasonable & achievable**, ensure complainant's expectations are not too high so that they cannot be achieved (steps must be completed in all cases). The complainant's signature should be immediately after the agreed steps.

1.

2.

3.

Signature of Complainant:

Date agreed for response to Complainant:

STEPS TAKEN TO ADDRESS COMPLAINT *To include response from officer/staff member (continue on separate form if necessary). They are to be advised of the explanatory points at item 5.*

1.

2.

3.

COPY 1

NOTIFICATION OF COMPLAINT SUITABLE FOR LOCAL RESOLUTION		
Rank(s) / Grade(s)	Force ID Number	Name(s) Station / Area / Dept
Name and address of complainant:		
Brief circumstances of complaint:		

This complaint has been assessed by the Reporting / Appointed person as one where the alleged conduct, even if proved, would not justify a criminal or disciplinary proceedings.

It may be possible to resolve this complaint locally. In accordance with Section 8(2)(b) Schedule 3 Police Reform Act 2002, you have the right to comment upon the complaint either orally or in writing but there is no obligation upon you to do so. No statement made by you in relation to the above matters during the local resolution procedure can be used against you in any disciplinary, civil or criminal proceedings, unless it consists of or includes an admission in relation to a matter which does not fall to be resolved locally (Section 8(3) Schedule 3 Police Reform Act 2002).

The procedure has been designed to deal with complaints locally and quickly and to be as simple and flexible as possible. However, to safeguard both your interests and the interests of the complainant, the following rules apply:-

- The person serving with the police appointed to deal with the matter may not tender any apology on your behalf unless you admit the conduct or ask him / her to do so.
- If it appears to the appointed person that the resolution of the complaint may be assisted by a meeting between you and the complainant, such a meeting cannot be arranged without your consent.
- No entry relating to the attempted or successful resolution of the complaint will be made in your personal record.

IF YOU WISH TO MAKE A COMMENT ABOUT THE COMPLAINT, YOU MAY DO SO ON THE NEXT PAGE.

Signature of person appointed:..... Date:

If you wish to make a written comment about the complaint you may do so in the space provided below. You are reminded that you are not obliged to make a written or oral explanation in answer to the complaint and that any explanation in answer to the complaint you do make cannot be used in any criminal, civil or disciplinary proceedings, provided your explanation is confined to the subject matter of the complaint.

For Official Police use ONLY

Signed: Date:

COPY 2

NOTIFICATION OF COMPLAINT SUITABLE FOR LOCAL RESOLUTION		
Rank(s) / Grade(s)	Force ID Number	Name(s) Station / Area / Dept
Name and address of complainant:		
Brief circumstances of complaint:		

This complaint has been assessed by the Reporting / Appointed person as one where the alleged conduct, even if proved, would not justify a criminal or disciplinary proceedings.

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For Official Police use ONLY

Signed: Date:

***LOCAL RESOLUTION COMPLETED**

On I spoke with/contacted the complainant and fully discussed with them all steps taken to resolve the complaint, all information gained, and the responses of the officer(s)

- Signature of officer/staff member completing:
Name: Rank/Post: No:
- Signature of complainant (if present when advised):
Date:

***ORGANISATIONAL LEARNING**

Wherever possible, the person carrying out the local resolution should outline for the complainant what practical action or force learning may result from the complaint. It is important that appropriate authorities can demonstrate to complainants and communities that feedback from local resolution leads to improved police practice.

Identified learning for this case includes:

.....
.....
.....

Signature of officer/staff member completing:
Name: Rank/Post: No:

WITHDRAWN COMPLAINT

I have discussed my complaint with.....and I wish to withdraw my complaint.

Signature of complainant: Date:

Signature of officer/staff member completing:

Name: Rank/Post: No:

NOT PURSUED

I have discussed my complaint with.....and have decided that I no longer wish to pursue my complaint.

Signature of complainant: Date:

Signature of officer/staff member completing:

Name: Rank/Post: No:

FOR PSD USE ONLY

FINAL AUTHORISATION	
<input type="checkbox"/>	This complaint can be classified as locally resolved. A letter will be sent to the complainant noting the outcome. The complainant and person complained against will also be provided with a copy of the record.
<input type="checkbox"/>	This complaint can be classified as withdrawn and the complainant informed by letter.
Signature: Rank/Post:	
Name: Date:	

COMPLAINANT PERSONAL INFORMATION

The following information will assist in the creation of a unique record for you that will be used to document your complaint. This information will also aid the Professional Standards department in working towards its goal of treating the public with fairness and impartiality. Any information provided in this section will not be disclosed to any parties or organisations outside North Wales Police. **Thank you for your cooperation.**

How do you identify your ethnicity	Code		✓	Code
Asian or Asian British	A	Asian - Indian	<input type="checkbox"/>	A1
		Asian - Pakistan	<input type="checkbox"/>	A2
		Asian - Bangladeshi	<input type="checkbox"/>	A3
		Any Other Asian Background	<input type="checkbox"/>	A9
Black or Black British	B	Black - Caribbean	<input type="checkbox"/>	B1
		Black - African	<input type="checkbox"/>	B2
		Any Other Black Background	<input type="checkbox"/>	B9
Chinese or Other Ethnic Group	O	Chinese	<input type="checkbox"/>	O1
		Any Other Ethnic Group	<input type="checkbox"/>	O2
Mixed	M	White and Black Caribbean	<input type="checkbox"/>	M1
		White and Black African	<input type="checkbox"/>	M2
		White and Asian	<input type="checkbox"/>	M3
		Any Other Mixed Background	<input type="checkbox"/>	M9
White	W	White - British	<input type="checkbox"/>	W1
		White - Irish	<input type="checkbox"/>	W2
		Any Other White Background	<input type="checkbox"/>	W9
Not Stated (or prefer not to say)	NS		<input type="checkbox"/>	NS

Gender <i>(Please ✓)</i> What is your gender? <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Prefer not to say Do you identify as transsexual? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say Do you identify as transgender? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say	Disability <i>(Please ✓)</i> Do you consider yourself to have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say If yes, please categorise your impairment <input type="checkbox"/> Mobility <input type="checkbox"/> Learning Difficulty <input type="checkbox"/> Hearing <input type="checkbox"/> Mental Health Condition <input type="checkbox"/> Visual <input type="checkbox"/> Other (Please state)																																								
Sexual Orientation How do you identify your sexual orientation? <input type="checkbox"/> Bisexual <input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Heterosexual <input type="checkbox"/> Prefer not to say	Religion, Faith, Belief <i>(Please ✓)</i> What is your religion, faith or belief? <input type="checkbox"/> Buddhist <input type="checkbox"/> Hindu <input type="checkbox"/> Jewish <input type="checkbox"/> Christian (state denomination if you wish) <input type="checkbox"/> Muslim <input type="checkbox"/> Sikh <input type="checkbox"/> None <input type="checkbox"/> Other (please state)..... <input type="checkbox"/> Prefer not to say																																								
Employment <i>(Please ✓ where appropriate)</i> <table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 80%;">A. Student</td><td style="width: 20%; text-align: center;"><input type="checkbox"/></td></tr> <tr><td>B. Unemployed</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>C. Manual</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>D. Non-Manual</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>E. Housewife/Housekeeper</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>F. Retired</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>G. Don't know</td><td style="text-align: center;"><input type="checkbox"/></td></tr> </table>	A. Student	<input type="checkbox"/>	B. Unemployed	<input type="checkbox"/>	C. Manual	<input type="checkbox"/>	D. Non-Manual	<input type="checkbox"/>	E. Housewife/Housekeeper	<input type="checkbox"/>	F. Retired	<input type="checkbox"/>	G. Don't know	<input type="checkbox"/>																											
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Thank you for your assistance.

LOCAL RESOLUTION: ACTION PLAN GUIDANCE

Please find below a list of suggested actions for plans to Locally Resolve a complaint. This list is not exhaustive and the IPCC suggest that innovative measures can be taken to assist in the process.

1. Identify officers subject of complaint
2. Advise officers of the complainant's concerns
3. Seek an explanation from the officer with regards to actions / comments
4. Ascertain if the officer is prepared to meet with the complaint – if yes, arrange meeting.
5. Raise awareness with officer and colleagues of the effect of behaviour on complainant (and certain groups of people)
6. Re-evaluate the response to initial incident and implement changes where appropriate
7. Monitor officer's actions in relation to updating victims (include specific timescale)
8. Monitor officer's performance in relation to timeliness (include specific timescale)
9. Seek guidance for officer in relation to actions from specialist departments
10. Ensure that officer has attended diversity course, if not, obtain such a course
11. Monitor officer's method of investigation in relation to crime and seek an improvement (specific timescale required)
12. Provide information, where appropriate, concerning incident / crime
13. Provide an apology on behalf of the force
14. Provide a written explanation concerning the circumstances of a case and action taken
15. Ascertain if the officer is prepared to apologise to the complainant – if yes, obtain the apology
16. Individual communication between complainant and person complained about via the manager handling the complaint
17. Arrange a visit to police station to see how police work
18. Arrange a visit to group by complainant to increase awareness of cultural differences / needs
19. Incident to be discussed and an alternative means of dealing with incident to be explored
20. The OUTCOME and any response from the officer will be relayed back to the complainant.

FOR OFFICER SUBSTITUTE STAFF MEMBER WHERE APPROPRIATE