

Review Form

Please use this form if you are unhappy about the outcome of your complaint, or how your complaint has been handled. Please print and complete this form and return it to the Office of the Police and Crime Commissioner.

The information you provide will be entered into our systems and may be shared with Hampshire Constabulary to be processed. We will use any information you provide in accordance with our privacy notice available on our website.

I confirm I have read and understood the above information about how my data will be handled.

Section 1: About you (please complete all boxes)

Surname:		Title:	
Forenames:			
Date of birth:			
Address:			
Postcode:		Email:	
Contact No:		Other No:	
Preferred Method of Contact: (please tick)	Telephone <input type="checkbox"/>	Email <input type="checkbox"/>	
	Letter <input type="checkbox"/>	In person <input type="checkbox"/>	

Are you making this review for someone else? * Yes No

If Yes, please complete Section 2

Section 2: Details of person on whose behalf you are making a review

What is your relationship to the person making the review?			
Surname:		Title:	
Forenames:			
Date of birth:			
Address:			
Postcode:		Email:	
Contact No:		Other No:	
Preferred Method of Contact: (please tick)	Telephone <input type="checkbox"/>	Email <input type="checkbox"/>	
	Letter <input type="checkbox"/>	In person <input type="checkbox"/>	

Section 5: Additional files

- Please provide a copy of the final decision letter from Hampshire Constabulary.
- You do not need to submit the files that you provided with your original complaint.
- You can submit further files with your completed review application, if relevant to your review application.

Section 6: Equality information

We want to make sure that 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 can skip the question 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 Hampshire Constabulary, Hampshire OPCC and the IOPC. You can find out how your personal information will be used in the privacy notices found on the website of each organisation.

Gender: Male Female Other
 Intersex Prefer not to say

Is your gender different to the gender you were assigned at birth? No
 Yes

If yes, other gender – specify:

Sexual Orientation: Heterosexual/straight
 Bisexual
 Gay/lesbian
 Not known
 Prefer not to say
 Other (please give details).....

Disability: Hearing
 Learning difficulty
 Long standing illness or health condition
 Mental health condition
 Mobility or physical impairment
 Sight
 Not known
 Prefer not to say
 Other (please give details).....

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

	<input type="checkbox"/> Mixed: any other mixed/multiple ethnic background (please describe)..... <input type="checkbox"/> Asian: Indian <input type="checkbox"/> Asian: Pakistani <input type="checkbox"/> Asian: Bangladeshi <input type="checkbox"/> Asian: Chinese <input type="checkbox"/> Asian: any other Asian background (please describe)..... <input type="checkbox"/> Black: African <input type="checkbox"/> Black: Caribbean <input type="checkbox"/> Black: any other black/African/Caribbean background (please describe)..... <input type="checkbox"/> Other: Arab <input type="checkbox"/> Other: any other ethnic group (please describe)..... <input type="checkbox"/> Not known <input type="checkbox"/> Prefer not to say
Religious Belief/faith:	<input type="checkbox"/> No religion <input type="checkbox"/> Christian <input type="checkbox"/> Buddhist <input type="checkbox"/> Hindu <input type="checkbox"/> Jewish <input type="checkbox"/> Muslim <input type="checkbox"/> Sikh <input type="checkbox"/> Not known <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Any other religion (please describe).....
Pregnancy and maternity:	<input type="checkbox"/> Pregnant <input type="checkbox"/> On maternity/paternity/adoption leave <input type="checkbox"/> Returning from maternity/paternity leave/adoption leave <input type="checkbox"/> None of the above <input type="checkbox"/> Not known <input type="checkbox"/> Prefer not to say

Section 7: Feedback

We are constantly striving to improve our service. Please tell us if you have any feedback you would like to provide in the box below. Please confine your feedback to the processing of your complaint within the Police Complaints System.

I would be happy to be contacted about my experience of the Police Complaints System.

Confirmation and completion

By submitting this form, you are confirming the information you have provided is truthful and accurate to the best of your knowledge.

Find out how your personal information will be used by reading our privacy policy, and by accessing the websites of the other organisations involved.

I confirm I agree that the information provided in this form will be used by public bodies involved in the police complaints system, including Hampshire Constabulary, Hampshire OPCC and IOPC. *

Signature:

Date:

Please return your completed application form to:

Standards and Compliance team
Office of the Police and Crime Commissioner for
Hampshire St George's Chambers
St George's Street
Winchester
Hampshire
SO23 8AJ

Or via email: opcc.complaints@hampshire.pnn.police.uk