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.

	ill be entered into our systems and may be sh information you provide in accordance with o	•	•		
I confirm I have read and understood the above information about how my data will be handled.					
Section 1: About you (n)	ease complete all boxes)				
Surname:		Title:			
Forenames:		Title.			
Date of birth:					
Address:					
/ ladious.					
Postcode:	Email:				
Contact No:	Other No:				
Preferred Method of	Telephone Email	1			
Contact: (please tick)	Letter				
, ,					
Are you making this review for someone else? * Yes No					
If Yes, please complete Section 2					
, 1					
Section 2: Details of pers	son on whose behalf you are making	g a review			
What is your relationship		9			
to the person making the					
review?					
Surname:		Title:			
Forenames:					
Date of birth:					
Address:					
Postcode:	Email:				
Contact No:	Other No.	:			
Preferred Method of	Telephone Email]			
Contact: (please tick)	Letter In person				

Section 3: Information about your complaint (please comp	olete all boxes)
Date you made your complaint to Hampshire Constabulary *	
Hampshire Constabulary Complaint Reference Number *	
Date of your outcome letter *	

Section 4: Information about your review (please complete all boxes)
Explain why you want your complaint reviewed *
Please outline if you are unhappy with the way your original complaint to Hampshire Constabulary was handled or the final outcome of your case. Please provide details explaining why.
Explain what you would like to happen *
Please explain what you would like to have happen as a result of your review. This helps us to focus our efforts on addressing what matters most to you. Examples of possible answers are: I would like an apology or further explanation of what happened in my case; I would like the outcome to be changed, I would like the outcome to take into account evidence that has been missed; I would like to receive an explanation of any service improvements made as a result of
my case.

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 su To help us ensure w questions.		•		•			
If you prefer, you can	n skip the	e question	as	it will not affect yo	ur comp	laint in any v	vay.
The information provious complaints system, it can find out how you website of each organization.	ncluding ır person	Hampshire al informat	e C	Constabulary, Ham	pshire C	PCC and the	e IOPC. You
Gender:	Mal	-		Female	Othe	r	
Is your gender differen		ersex <u>L</u> e gender yo	ou '	Prefer not to say were assigned at	birth?	No Yes	
If yes, other gender -	- specify	<u>'</u> :					
Sexual Orientation:	Bise Gay Not Pre	erosexual/ exual //lesbian known fer not to s er (please	ау	aight ve details)			
Disability:	Lea Lor Me Mo Sig No	ntal health bility or ph tht t known efer not to s	g ill co ysi	ness or health cor andition cal impairment			
Ethnicity:	Wh Wh Wh Wh Wh	nite: Irish nite: Gypsy nite: any otl ease descr ked: white a	, Ti her ibe and	ve details) Velsh/Scottish/Nor raveller or Irish Tra white background black Caribbean black African	aveller d		

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	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
	Other: any other ethnic group
	(please describe)
	Not known
	Prefer not to say
Religious	☐ No religion
Belief/faith:	Christian
Delici/iaitii.	Buddhist
	Hindu
	Jewish
	Not known
	Prefer not to say
	Any other religion (please describe)
Pregnancy and	Pregnant
maternity:	On maternity/paternity/adoption leave
	Returning from maternity/paternity leave/adoption leave
	None of the above
	Not known
	│ □ Prefer not to say
Section 7: Feedbac	
	triving to improve our service. Please tell us if you have any feedback you
would like to provide	e in the box below. Please confine your feedback to the processing of your
complaint within the	Police Complaints System.
☐ I would be hanny	to be contacted about my experience of the Police Complaints System.
	to be contacted about my experience of the Folice Complaints Cystem.

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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:

Business team
Office of the Police and Crime Commissioner for Hampshire and the Isle of Wight
The Long Barn,
Dean Estate
Wickham Road
Fareham
PO17 5BN

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