



COMPLAINT FORM

Your details

1. Please provide us with your name and contact details

Title:	MR
First name:	JIM
Last name:	MARSH
Address:	'FOUR WINDS' BANK HEAD LANE, HOGHTON, PRESTON, LANCs PR5 0AB
Daytime telephone:	01254 853365
Evening telephone:	— — —
Mobile telephone:	07977 929 294
Email address:	jimdmetane@aol.com.

We will not usually release your address and contact details unless necessary or to deal with your complaint.

However, we will tell the following people that you have made this complaint:

- the monitoring officer of the authority
- the parish or town clerk (if applicable)

We will tell them your name and give them a summary of your complaint. We will give them full details of your complaint where necessary or appropriate to be able to deal with it. If you have serious concerns about your name and a summary, or details of your complaint being released, please complete section 6 of this form.

2. Please tell us which complainant type best describes you:

- Member of the public
- An elected or co-opted member of an authority
- An independent member of the standards committee
- Member of Parliament
- Local authority monitoring officer
- Other council officer or authority employee
- Other ()

Making your complaint

4. Please provide us with the name of the member(s) you believe have breached the Code of Conduct and the name of their authority:

Title	First name	Last name	Council or authority name
MR	THOMAS	SHARRATT	S.R.B.C.

5. Please explain in this section (or on separate sheets) what the member has done that you believe breaches the Code of Conduct. If you are complaining about more than one member you should clearly explain what each individual person has done that you believe breaches the Code of Conduct.

It is important that you provide all the information you wish to have taken into account by the assessment sub-committee when it decides whether to take any action on your complaint. For example:

- You should be specific, wherever possible, about exactly what you are alleging the member said or did. For instance, instead of writing that the member insulted you, you should state what it was they said.
- You should provide the dates of the alleged incidents wherever possible. If you cannot provide exact dates it is important to give a general timeframe.
- You should confirm whether there are any witnesses to the alleged conduct and provide their names and contact details if possible.
- You should provide any relevant background information.

Please provide us with the details of your complaint. Continue on a separate sheet if there is not enough space on this form.

IN THE LATEST ISSUE OF HIS MAGAZINE, 'THE IDLE TOAD', HE HAS DESCRIBED ME AS A 'DEFACATOR'. IN THE PREVIOUS EDITION HE SAID THAT 'I HAD LEFT TO JOIN THE Tories' WHICH, AS ANY SENIOR MEMBER OF SRBC WILL TELL YOU, IS A LIE. I HAVE PUT UP WITH HIS NASTY COMMENTS IN HIS SELF-LAUDATORY PUBLICATION PREVIOUSLY, BUT THIS TIME HE HAS GONE TOO FAR.

Only complete this next section if you are requesting that your identity is kept confidential

Once the assessment sub-committee has met to consider your complaint we will let the member know about your complaint and about the sub-committee's decision. The sub-committee may also decide to provide the member with a summary of your complaint. We are unlikely to withhold your identity or the details of your complaint unless you have good reason to believe that our doing so would be against the public interest or would prejudice any future investigation.

Please note that requests for confidentiality or requests for suppression of complaint details will not automatically be granted. The assessment sub-committee will consider the request alongside the substance of your complaint. We will then contact

you with the decision. If your request for confidentiality is not granted, we will usually allow you the option of withdrawing your complaint.

However, it is important to understand that in certain exceptional circumstances where the matter complained about is very serious, we can proceed with an investigation or other action and disclose your name even if you have expressly asked us not to.

Please provide us with details of why you believe we should withhold your name and/or the details of your complaint:

Additional Help

6. Complaints must be submitted in writing. This includes fax and electronic submissions. However, in line with the requirements of the Disability Discrimination Act 2000 we can make reasonable adjustments to assist you if you have a disability that prevents you from making your complaint in writing. We can also help if English is not your first language.

If you need any support in completing this form, please let us know as soon as possible.

This form can be made available in large print, cassette, Braille, and other languages – please ring (01772) 625512 or email info@southribble.gov.uk

What happens next?

When you have completed this form please send it to:-

Assessment sub-committee
c/o John Dakin
Monitoring Officer
South Ribble Borough Council
Civic Centre
West Paddock
Leyland
PR25 1DH

We will write to let you know that we have received your complaint within five working days and we will convene a meeting of the assessment sub-committee to consider your complaint within 20 working days of us receiving it. This meeting will be chaired by an independent member of the council's Standards Committee and will decide what action should be taken regarding your complaint. We will let you know the assessment sub-committee's decision within five working days of its meeting.

3. Equality monitoring questions

The following questions are optional and are being asked as South Ribble Borough Council needs to monitor our different customer groups, in order to ensure that our service is available to all. Any of the information you supply will be treated as confidential and will only be used for monitoring and statistical purposes:						
Are you male or female?	Male	<input checked="" type="checkbox"/>	Female	<input type="checkbox"/>	What age are you?	65
Do you have any long-standing illness, disability or infirmity?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	If yes,	
Does this illness or disability limit your activities in any way?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	
To which of these groups do you consider you belong to? (please tick one box only)						
<u>White</u>		<u>Black or Black British</u>			<u>Mixed</u>	
British	<input checked="" type="checkbox"/>	Caribbean	<input type="checkbox"/>	White & Black Caribbean	<input type="checkbox"/>	
Irish	<input type="checkbox"/>	African	<input type="checkbox"/>	White & Black African	<input type="checkbox"/>	
Other white background	<input type="checkbox"/>	Other black background	<input type="checkbox"/>	White & Asian	<input type="checkbox"/>	
Please write in below		Please write in below		Other mixed background	<input type="checkbox"/>	
				Please write in below		
<u>Asian or Asian British</u>						
Indian	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	
Pakistani	<input type="checkbox"/>	Other Asian background	<input type="checkbox"/>	Other ethnic group	<input type="checkbox"/>	
		Please write in below		Please write in below		