# Complaint Review Request Form

##

## **Using this form**

Please use this form if you are unhappy about how your complaint was handled.

**Greater Manchester Combined Authority (GMCA) must receive your request for review within 28 days from the day after the date stated on your outcome letter**. For example, if your letter is dated 1 April, you have to make sure we receive your request by 29 April. Fields marked with an \* are mandatory.

## **Accessibility**

If it is difficult for you to use this form or this service – for example, if English is not your first language or you have a disability – please contact us:

Telephone: 0161 778 7113

Email: police.reviews@greatermanchester-ca.gov.uk

If you require any adjustments to support you through the complaints system, please outline these below. For example, if you have a visual impairment, you may require the police or other organisation to provide written responses in larger text.

## **What happens to the information in my form?**

The information that you provide as part of your complaint will be used to process your request and undertake a review of your complaint that was processed by Greater Manchester Police (GMP). We will share only relevant information with GMP in order to gain access to the relevant information to complete our review.

If you have any concerns about your information being passed to the police or you require further information about how your data will be handled, please call us on 0161 778 7113.

For information about how we handle your personal information, please read our privacy notice at <http://www.greatermanchester-ca.gov.uk/policereviews>

## **Where to send this review request form**

This form should be completed and sent to GMCA by

**Email:** police.reviews@greatermanchester-ca.gov.uk

**Mail:** Police Complaint Reviews

Greater Manchester Combined Authority,

1st Floor, Churchgate House, 56 Oxford Street,

Manchester, M1 6EU

## **Section 1 - About you****\*Title:**

**\*First name(s):**

**\*Last name(s):**

**Date of birth:**

**Address:**

**Email:**

**Telephone:**

**Preferred method of contact:**

**Are you making the request for review for someone else?** *If the answer is no, you do not need to complete Section 2.*

## **Section 2 – Details of person on whose behalf you are making a request for review**

Do not complete this section, if you are making a request on your own behalf.

If you are making this request for review on behalf of someone else, you must have permission from that person and provide us with relevant proof to support this.

**Please explain your relationship to the person making the request for review:**

**\*Title:**

**\*First name(s):**

**\*Last name(s):**

**Date of birth:**

**Address:**

**Email:**

**Telephone:**

**Preferred method of contact:**

## **Section 3 – Review details**

*When you return this form to us, please also attach the final decision letter from the police force and any additional documents that are relevant to your complaint. The final decision letter from the police can help us process your request more quickly*.

**\*Tell us which organisation handled the complaint:**

**Force reference number:** *This should be on any correspondence you have had from the
police.*

**Please explain why you are requesting a review of your complaint.** *Please provide details explaining why:*

**Please explain what you would like to happen.**

## **Section 4 – ­­Confirmation**

I confirm the information I have provided is truthful and accurate to the best of my knowledge and that I am happy for my details to be shared with Greater Manchester Police as part of the review process

Name:

Date:

## **Section 5 – Equality of service monitoring form**

We want to make sure everyone has an equal chance to use and benefit from our services. To ensure we continue to do this, it would help us if you could answer the following questions. If you prefer, you do not have to answer these questions as it will not affect your review in any way.

*Please mark all the answers that apply with an ‘X’.*

 **How would you describe your gender?**

[ ] Female

[ ] Male

[ ] Non-binary

[ ] Prefer not to say

[ ] In another way (please give details)

 **Do you identify as trans/transgender?**

[ ] Yes

[ ] No

[ ] In some ways

[ ] Prefer not to say

**Sexual orientation:**

[ ] Heterosexual/ straight

[ ] Bisexual

[ ] Gay/lesbian

[ ] Not known

[ ] Prefer not to say

[ ] Other (please state below)

 **What is your ethnic background?:**

[ ] Asian or Asian British – Indian

[ ] Asian or Asian British – Pakistani

[ ] Asian or Asian British – Bangladeshi

[ ] Asian or Asian British – Chinese

[ ] Asian or Asian British – Other Asian Background

[ ] Black or Black British – Caribbean

[ ] Black or Black British – African

[ ] Black or Black British – Other Black background

[ ] Mixed – White and Black Caribbean

[ ] Mixed – White and Black African

[ ] Mixed – White and Asian

[ ] Mixed – Other mixed background

[ ] White – English/Welsh/Scottish/Northern Irish/British

[ ] White – Irish

[ ] White – Gypsy or Irish Traveller

[ ] White – Eastern European

[ ] White – Other White Background

[ ] Other Ethnic Group – Arab

[ ] Other Ethnic Group – Other

[ ] Prefer not to say

**Religious belief/faith**:

[ ] Buddhist

[ ] Christian

[ ] Hindu

[ ] Jewish

[ ] Muslim

[ ] Sikh

[ ] No religion

[ ] Prefer not to say

[ ] Any other religion (please describe)

**Do you consider yourself to have a disability? (please select all that apply)**

[ ] No

[ ] Yes – learning disability

[ ] Yes – mental ill health

[ ] Yes – mobility disability

[ ] Yes – sensory disability

[ ] Yes – other disability

[ ] Prefer not to say

If you selected ‘other disability’, what is this?

Thank you for the information you have provided.

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