

West Mercia Police and Crime Commissioner Review Form

Using this form

Please use this form if you are unhappy about the outcome of your complaint. **The Police and Crime Commissioner must receive your review within 28 days from the day after the date stated on your outcome letter from West Mercia Police.** For example, if your letter is dated 1st April, you have to make sure we receive your request for a review by 29th April.

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 then please contact us on the details provided below:

Telephone: 01905 331656
Email: opcc@westmercia.police.uk

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

Accessibility / adjustments:

What happens to the information in my review form?

The information you provide on this form will be entered into our systems. We may also need to pass the details of your review (including the content of this form) to West Mercia Police and / or an Independent Reviewer who will consider your review and make recommendations to the Police and Crime Commissioner.

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 01905 331656. For information about how we handle your personal information, please read our privacy policy and notice at www.westmercia-pcc.gov.uk/website-policies/privacy-policy/

Where to send this review form

Please submit the completed form to the Office of the Police and Crime Commissioner's office using the contact details below:

Email: opcc@westmercia.police.uk
Address: Complaint Reviews, Police and Crime Commissioner, West Mercia Police, Hindlip Hall, Hindlip, Worcester, WR3 8SP

1. About You

Title	
First name	
Last name	
Date of birth	
Postcode	
Address	
Email	
Telephone	
Preferred method of contact	

Are you requesting a review on behalf of someone else?	<input type="checkbox"/> Yes - Please complete Section 2 <input type="checkbox"/> No - Please go straight to Section 3
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2. Details of person on whose behalf you are applying for a review

Please only complete this section if you are requesting a review on behalf of someone else.

Relationship with appellant	<input type="checkbox"/> Legal representative <input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Other
If other - specify relationship	
Title	
First name	
Last name	
Postcode	
Address	
Email	
Telephone	
Preferred method of contact	
Confirmation of authority to request a review on appellant's behalf	<input type="checkbox"/> Confirmed

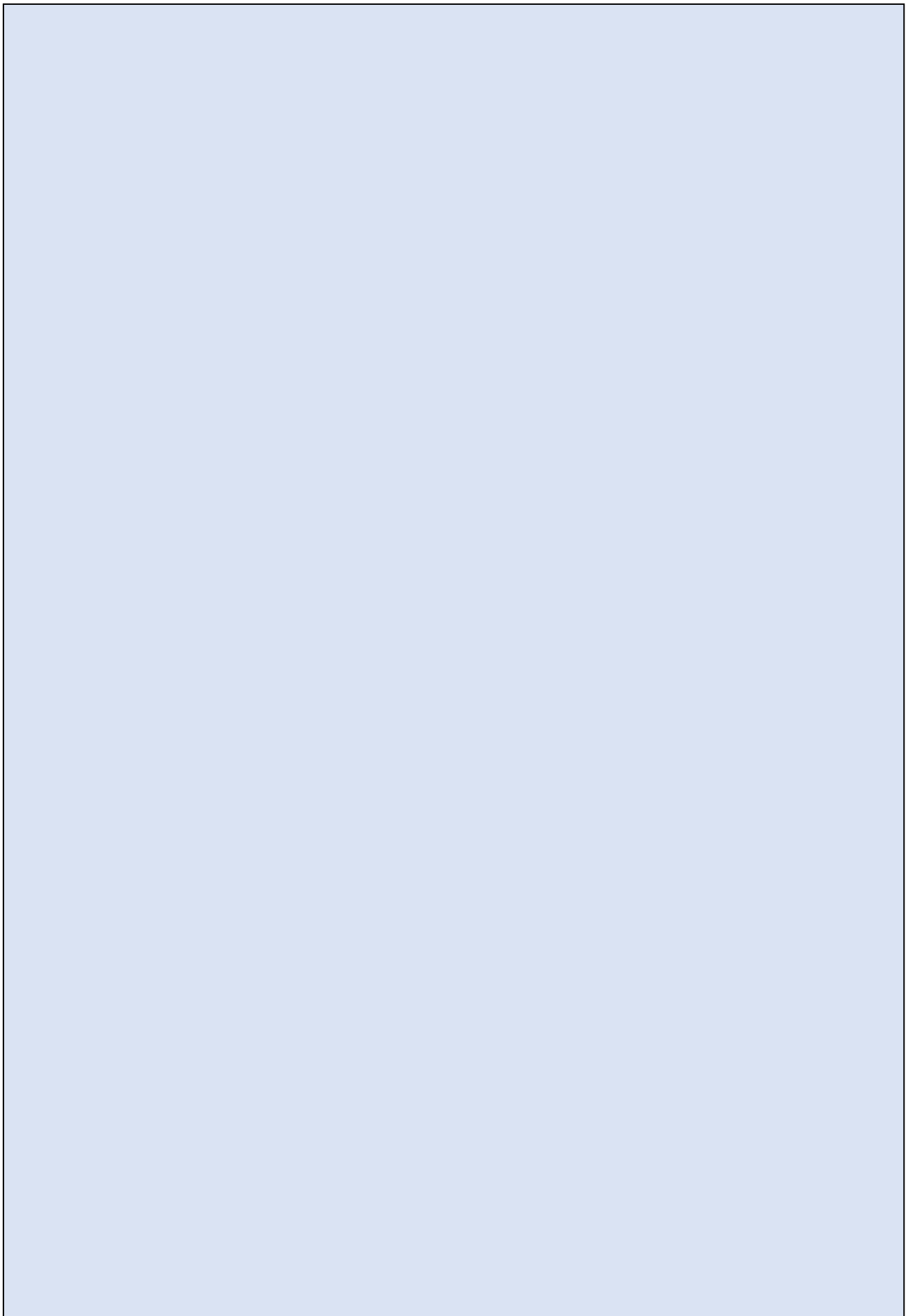
3. Review Details

Your force reference number should be on any correspondence you have had from the police.

Organisation review against	West Mercia Police
Force reference number	
Was the complaint investigated	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know

Please tell us why you would like to request a review about the outcome of your complaint:

The police should try to find an outcome for your complaint which is reasonable and proportionate; you can ask for a review if you think they have not done that. To assist the reviewer, please explain why you think the outcome given to you was not reasonable and proportionate.



4. Attachments

Where possible, please attach the final decision letter from West Mercia Police or any additional documents that are relevant to the review. The final decision letter from the police can help us process your review more quickly. Please number and list your attachments in the table below.

Reference number	Details / title of attachment

5. Confirmation that the information provided is correct

I confirm the information I have provided is truthful and accurate to the best of my knowledge.

Name	
Date	

6. 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.

The information provided in this form will be used by public bodies involved in the police complaints system, including the Office of the West Mercia Police and Crime Commissioner, West Mercia Police and the Independent Reviewer. You can find out how your personal information will be used in the privacy notices found on the website of each organisation.

Sex	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Intersex <input type="checkbox"/> Other (please give details): <input type="text"/>
Is your gender different to the gender you were assigned at birth? If yes, please state the gender you were assigned at birth:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="text"/>
Sexual orientation	<input type="checkbox"/> Heterosexual / straight <input type="checkbox"/> Bisexual <input type="checkbox"/> Gay / lesbian <input type="checkbox"/> Not known <input type="checkbox"/> Other (please state below): <input type="text"/>
Do you have a physical or mental impairment that has a	<input type="checkbox"/> Yes <input type="checkbox"/> No

substantially adverse and long-term effect on your ability to carry out normal day-to-day activities?	<input type="checkbox"/> Don't know
If you have answered 'yes' to the question above, which option below describes your disability?	<input type="checkbox"/> Hearing <input type="checkbox"/> Learning difficulty <input type="checkbox"/> Long standing illness or health condition <input type="checkbox"/> Mental health condition <input type="checkbox"/> Mobility or physical impairment <input type="checkbox"/> Sight <input type="checkbox"/> Other (please state below): <div style="border: 1px solid black; height: 20px; width: 100%; background-color: #e0e0e0;"></div>
Ethnicity	<input type="checkbox"/> White: English/Welsh/Scottish/Northern Irish/British <input type="checkbox"/> White: Irish <input type="checkbox"/> White: Gypsy, Traveller or Irish Traveller <input type="checkbox"/> White: any other white background (please describe): <div style="border: 1px solid black; height: 20px; width: 100%; background-color: #e0e0e0;"></div> <input type="checkbox"/> Mixed: white and black Caribbean <input type="checkbox"/> Mixed: white and black African <input type="checkbox"/> Mixed: white and Asian <input type="checkbox"/> Mixed: any other mixed/multiple ethnic background (please describe): <div style="border: 1px solid black; height: 20px; width: 100%; background-color: #e0e0e0;"></div> <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): <div style="border: 1px solid black; height: 20px; width: 100%; background-color: #e0e0e0;"></div> <input type="checkbox"/> Black: African <input type="checkbox"/> Black: Caribbean <input type="checkbox"/> Black: any other black/African/Caribbean background (please describe): <div style="border: 1px solid black; height: 20px; width: 100%; background-color: #e0e0e0;"></div> <input type="checkbox"/> Other: Arab <input type="checkbox"/> Not known <input type="checkbox"/> Other: any other ethnic group (please describe): <div style="border: 1px solid black; height: 20px; width: 100%; background-color: #e0e0e0;"></div>
Religious belief / faith	<input type="checkbox"/> No religion

	<input type="checkbox"/> Christian (including Church of England, Catholic, Protestant and all other Christian denominations) <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"/> Any other religion (please describe): <div style="border: 1px solid black; height: 20px; width: 100%; background-color: #e0e0e0;"></div>
Pregnancy and maternity	<input type="checkbox"/> Pregnant <input type="checkbox"/> On maternity/paternity/adoption leave <input type="checkbox"/> Returning from maternity/paternity/adoption leave <input type="checkbox"/> None of the above

Thank you for the information you have provided.

Please submit your completed form to the Office of the Police and Crime Commissioner using the contact details provided below:

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Address: Complaint Reviews, Police and Crime Commissioner, West Mercia Police, Hindlip Hall, Hindlip, Worcester, WR3 8SP