

Complaint Form

Please Note:

- we can only accept complaints in writing
- the Monitoring Officer may contact you personally to go through the details of your complaint
- we are unlikely to be able to keep your identity confidential if you make a complaint.

About you

Mr Ms Mrs Miss Other

First Name: Surname:

Address and Postcode:

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Daytime phone number: Evening phone number:

E-mail address:

Please consider the complaint I have described below and in the evidence attached.

Signature: Date:

Your Complaint

Who are you complaining about?

Please give the name of the Councillor(s), Member(s) or co-opted Member(s) you consider has (have) broken the Code of Conduct and the name of their Authority(ies).

Name of the individual(s)

Name of their Council(s)

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Please tick here if you work for the Council

Complaint Form

What are you complaining about?

Include the **date** and **details** of the alleged misconduct and any background information that supports the allegation. We can only investigate allegations that a Member has broken the Code of Conduct. Please continue on a separate sheet if there is not enough space on this form.

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Evidence (if this applies)

Please attach to this form copies of correspondence, documents, names and details of witnesses and any other evidence that you feel is relevant to your complaint.

Please tick this box if you would like us to return the evidence to you:

Please send this form to

The Monitoring Officer
Castle Point Borough Council
Council Offices
Kiln Road
Thundersley Benfleet
Essex SS7 1TF

Telephone Number: 01268 882433.
www.castlepoint.gov.uk