

COMPLAINT FORM

1. Your Details

Please provide us with your name and contact details.

Title:	Mr
First Name:	David
Last Name:	Wright
Address:	9, Linchmere Avenue, Saltdean, BN2 8LE
Daytime Telephone:	07905039210
Evening Telephone:	
Mobile Telephone:	07905039210
Email Address:	Lavandines@rocketmail.com

Your address and contact details will not usually be released unless necessary or to deal with your complaint.

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

- the Councillor(s) you are complaining about;
- the Monitoring Officer of the authority; and
- 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 or details of your complaint being released to the Member about whom it relates, please complete Section 5 of this form.

	Please tell	us which compla	inant type best descr	ibes you:	APPENDIX 2		
	Member of the public						
		An elected or co-opted member of an authority					
	An independent person of Lewes District Council						
Member of Parliament							
		Local Authori					
+ Other council officer or authority employee							
		Other (please	specify)				
2.	Please pro	Your Complaint vide us with the i and the name o	name of the Councillo	r(s) you believe	e have breached the Code		
	Title	First Name	Last Name	Council or	· Authority Name		
	Mr	David	Neave	Telscombe	Town Council		
		1					
 Date of Complaint Please inform us of any relevant dates concerning your complaints (e.g. when occurred, any relevant meetings dates etc). 20th September, 2017 							
	20 th Septer	nber, 2017					

You should be specific, wherever possible, about exactly what you are alleging the Councillor said or did. For instance, instead of writing that the Councillor insulted you, you should state what it was they said.

complaint. For example:-

- 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.
At a recent meeting discussing the outcomes of a firework display Councillor Neave contravened the Code of Conduct. He used threatening behavior to another councilor and coarse language. This is not the first time that language has been used but previously in written form which has been emailed to councilors.

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

In the interests of fairness and natural justice, we believe Councillors who are complained about have a right to know who has made the complaint. We also believe they have aright to be provided with a summary of the complaint. We are unlikely to withhold your identity or the details of your complaint unless you have good reason to believe that:-

- You have reasonable grounds for believing that you will be at risk of physical harm if your identity is disclosed.
- You are an officer who works closely with the subject Councillor and you are afraid of the consequences to your employment or of losing your job if your identity is discovered.
- You suffer from a serious health condition and there are medical risks associated with your identity being disclosed. In these circumstances the Audit and Standards Committee may request medical evidence of your condition.

Please note that requests for confidentiality or requests for suppression of complaint details will not automatically be granted. The Monitoring Officer 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 wh	y you believe we should withhold your name and/or t	he
details of your complaint:		

6. Additional Help

Complaints must be submitted in writing. This includes 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 me know as soon as possible.

This information can be made available in **large print**, on audio tape or disk, or in another language upon request. Contact us on 01273 471600 or email jennifer.norman@lewes.gov.uk.

Please return your form to:

The Monitoring Officer Lewes District Council Southover House Southover Road Lewes BN7 1AB

Email complaints marked for the attention of "The Monitoring Officer" can be sent to jennifer.norman@lewes.gov.uk .