

Application for a Complaint Outcome Review

Using this form

Please use this form if you disagree with the outcome of your complaint, in cases where the Police and Crime Commissioner (PCC) is identified as the Relevant Review Body (RRB) within your outcome letter from Humberside Police.

The Office of the Police and Crime Commissioner (OPCC) must receive your application for an outcome 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 must ensure that we receive your completed outcome review form 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: 01482 220787

Email: pcc@humberside.pnn.police.uk

If you require any adjustments to support you through the review process, please outline these below. For example, if you have a visual impairment, it may be helpful for us to provide written responses in larger text.

What happens to the information in my review form?

The information you provide on this form will be entered onto our secure system. The content of this form and details of your review may be shared with Humberside Police and the IOPC.

For information about how we handle your personal information, please read our privacy notice at https://www.humberside-pcc.gov.uk/Privacy-Notice.aspx

Where to send this review form

This form should be completed and sent to the Office of the Police and Crime Commissioner for Humberside:

By email to pcc@humberside.pnn.police.uk

By post to Office of the Police and Crime Commissioner for Humberside, The Lawns,

Cottingham, East Yorkshire, HU16 5SN

Section 1 - About the Complainant

*If you are not the complainant but are a representative acting on the complainants' behalf, please note that we will need their written consent before proceeding with your application. Letters of consent must be signed and either posted or emailed to our office as detailed above with the review application. Representatives acting with consent must complete both section 1 (about the complainant) and section 2 (about the representative).

*Title:		•••••
*First name(s):		
*Last name(s):		
*Date of birth:		
Please provide at least two forms	of contact below.	
Address:		
Email:		
Telephone:		
Preferred method of contact: Ple	ease mark your answer with an 'X	
□ Email	☐ Telephone	□ Post
Section 2 - About the Compl	ainants' Representative	
*If you are the complainant, plea	se move to Section 3	
*Title:		
*First name(s):		

*Last name(s):		
*Date of birth:		
Please provide at least t	wo forms of contact below.	
Address:		
Email:		
Telephone:		
•	your answer with an 'X'.	complainant to act as their
Preferred method of co	ntact: Please mark your answer v	with an 'X'.
□ Email	☐ Telephone	□ Post
Section 3 – Outcome	e review details	
*Complaint reference n Force.	umber: This should be on any cor	rrespondence you have had from the
*Outcome of your comp	plaint: This should be stated on yo	our outcome letter from the Force.

Fext box expand parate sheet of	ls as you type. If yo paper)	ou are printing	g this form to f	ll in by hand, pl	ease continue c
ection 4 – Co	nfirmation that	: informatio	n provided is	correct	
onfirm the info	rmation I have pro	ovided is truth	nful and accura	te to the best of	f my knowledge
ame:					