

## Appealing against the outcome of a complaint after the decision to disapply

IPCC Use Only

The IPCC must receive your appeal within 28 days commencing on the day after the date of the letter you have received from the police. This includes the time your appeal spends in the post. This form is available online and completing the online form will speed up this process. Alternatively, please fill in and return this form as instructed at the bottom of the form.

If there is anything which makes it difficult for you to use this service, for example if English is not your first language or you have a disability, please contact the IPCC using the contact details at the end of this form. Alternatively, please use the space below to tell us how we might help to make things easier for you.

.....

.....

Please give the name of the appropriate authority your complaint was about.

.....

If you have received a letter about the outcome of your complaint after the decision to disapply, please give the date of that letter.

.....

Please tick the appropriate box: Mr  Mrs  Miss  Ms   
Other (please specify) .....

First name: (Please write clearly) .....

Last name: (Please write clearly) .....

Date of birth: .....

Your address:

.....

.....Postcode.....

Daytime telephone number Evening telephone number

.....

Email address: .....

Date you made your complaint IPCC or appropriate authority reference

number

.....

Do you agree with the outcome of the complaint after a decision to disapply? Tick one box only.

Yes  No

If your answer is **no**, please provide further information, continuing on a separate sheet if necessary.

.....

.....

.....

.....

.....

Was the outcome a proper outcome?

This means that, for example, you believe the outcome was not appropriate to the complaint, or the outcome did not reflect the evidence available. Tick one box only.

Yes  No

If your answer is **no**, please provide further information, continuing on a separate sheet if necessary.

.....

.....  
.....  
.....  
If you have any documents that support your appeal, for example photos or letters, please list below.

.....  
Please note that the information you provide relating to an appeal will be passed to the appropriate authority involved.

.....  
Signature of the person making this appeal:

Date:

.....  
DD /MM / YYYY

The IPCC, like all public bodies, is obliged to record the diversity of those using its services, is committed to ensuring that everyone has equal access to them, and that they are delivered fairly. Please answer the following questions about yourself, so that we can make sure this is happening. The information will only be used for the reasons outlined, and will remain confidential. You do not have to answer the questions, and may prefer not to answer. This will not make any difference to the way you are treated.

**Gender**

- |        |                          |                      |                          |
|--------|--------------------------|----------------------|--------------------------|
| Male   | <input type="checkbox"/> | Transgender – Male   | <input type="checkbox"/> |
| Female | <input type="checkbox"/> | Transgender – Female | <input type="checkbox"/> |
| Other  | <input type="checkbox"/> | Prefer not to say    | <input type="checkbox"/> |

**Religion and Belief**

- |             |                          |                    |                          |
|-------------|--------------------------|--------------------|--------------------------|
| No religion | <input type="checkbox"/> | Sikh               | <input type="checkbox"/> |
| Christian   | <input type="checkbox"/> | Muslim             | <input type="checkbox"/> |
| Buddhist    | <input type="checkbox"/> | Any other religion | <input type="checkbox"/> |
| Hindu       | <input type="checkbox"/> | Prefer not to say  | <input type="checkbox"/> |
| Jewish      | <input type="checkbox"/> |                    |                          |

**Sexual Orientation**

- |                          |  |
|--------------------------|--|
| Heterosexual or Straight | <input type="checkbox"/>                       |
| Gay or Lesbian           | <input type="checkbox"/>                       |
| Bisexual                 | <input type="checkbox"/>                       |
| Any other orientation    | <input type="checkbox"/> (please specify)..... |
| Prefer not to say        | <input type="checkbox"/>                       |

**Ethnicity**

**WHITE**

- White English/Welsh/Scottish/  
Northern Irish/British
- White Irish
- White Gypsy, Traveller or Irish Traveller
- Any other White background  
background

**MIXED/MULTIPLE ETHNIC GROUPS**

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed/multiple ethnic

**ASIAN/ASIAN BRITISH**

- Asian/Asian British Indian
- Asian/Asian British Pakistani
- Asian/Asian British Bangladeshi
- Asian/Asian British Chinese

**BLACK/AFRICIAN/CARIBBEAN/  
BLACK BRITISH**

- Caribbean
- African
- Any other Black background

**OTHER ETHNIC GROUP**

- Arab
- Any other ethnic group

**PREFER NOT TO SAY**

