



Mae'r ddogfen hon ar gael yn Gymraeg yn ogystal â Saesneg.

This document is available in Welsh as well as English.

This Document is also available in Welsh

Comisiynydd Heddlu a Throseddu Dyfed-Powys,
Blwch Post 99, Llangynnwyr, Caerfyrddin, SA31 2PF

Dyfed-Powys Police and Crime Commissioner,
PO Box 99, Llangunnor, Carmarthen, SA31 2PF

Ffôn: Tel: 01267 226440
Ffacs: Fax: 01267 226448
E-bost: Email: opcc@dyfed-powys.police.uk



Comisiynydd Heddlu a Throseddu
Dyfed-Powys
Police and Crime Commissioner

Dyfed Powys Police and Crime Commissioner Review Form

Using this form

Please use this form if you are unhappy about the outcome of your complaint. **The Office of the Police and Crime Commissioner (OPCC) must receive your request for a review within 28 days from the day after the date stated on your outcome letter from Dyfed Powys 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 contact details provided below:

Telephone: 01267 226440
Email: opcc@dyfed-powys.pnn.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 a written responses in larger text.

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 to Dyfed Powys Police Force and/or an Independent Reviewer who will consider your review and make recommendations to the Police and Crime Commissioner. Please Note: All of the contents of this form (including your equality and diversity information) may be passed to both Dyfed Powys Police Force and the Independent Reviewer.

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 01267 226440.

For information about how we handle your personal information, please read our privacy notice at: <http://www.dyfedpowys-pcc.org.uk/en/contact-us/access-to-information-we-hold/>.

Where to send this review form

Please submit your completed form to the Office of the Police and Crime Commissioner (OPCC), contact details provided below:

Email: opcc@dyfed-powys.pnn.police.uk

Address: Dyfed Powys Police and Crime Commissioner, PO Box 99, Llangunnor, Carmarthen, Carmarthenshire, SA31 2PF

1. About You

Title	
First name	
Last name	
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 requesting a review

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

If you are making this review on behalf of someone else, you must have permission from that person.

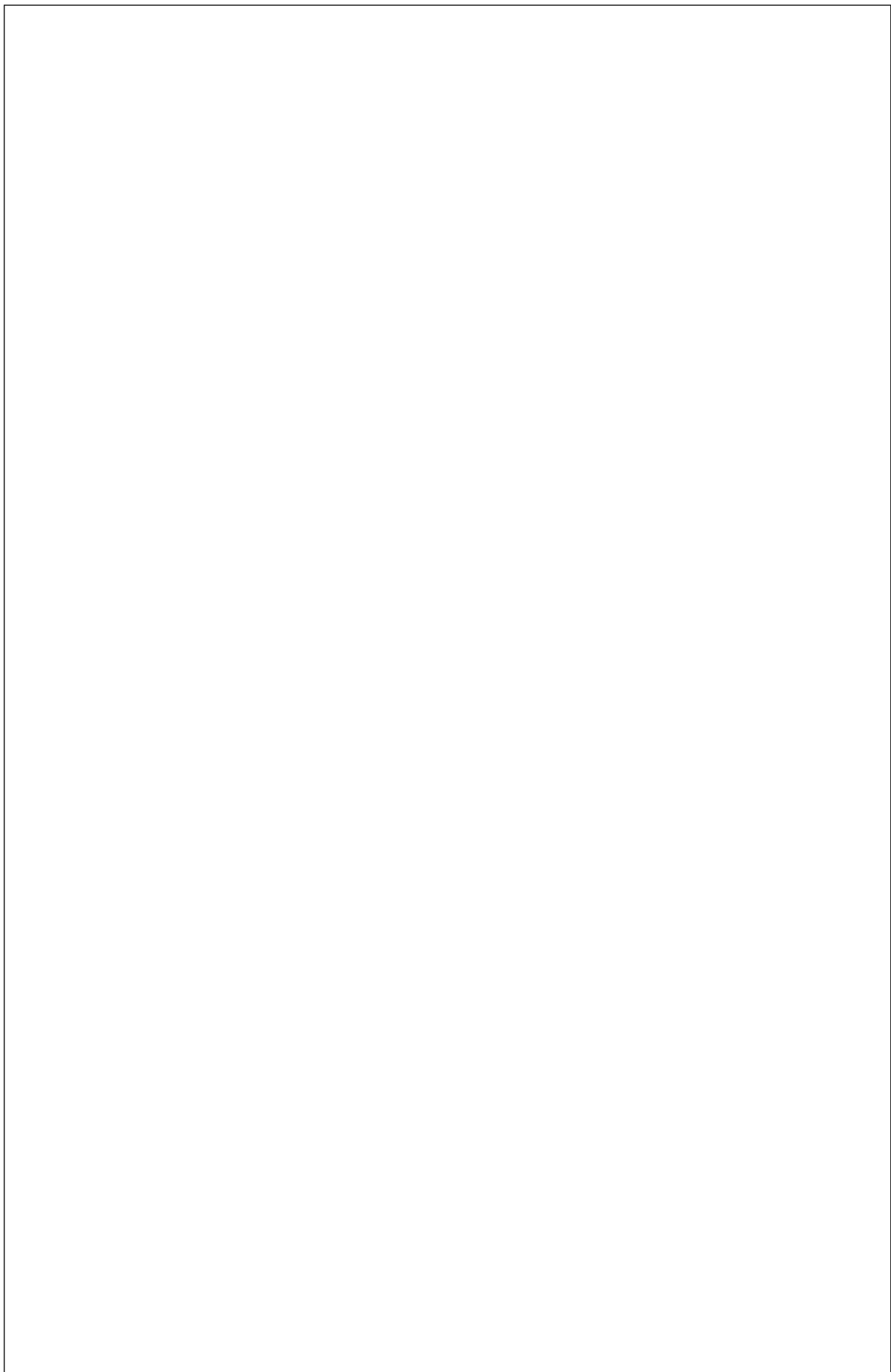
Relationship with appellant	<input type="checkbox"/> Legal Representative <input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Other
If other – specify relationship	
Title	
First name	
Last name	
Postcode	
Address	
Email	
Telephone	
Preferred method of contact	
I have obtained and provided written consent from the complainant to act as their representative.	<input type="checkbox"/> Confirmed
Attached a photographic form of identification to this application as proof of my identity.	<input type="checkbox"/> Confirmed

3. Review Details

Organisation review against	Dyfed Powys 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. Reasonable Adjustments

Please advise if there are any adjustments that the Office of the Police and Crime Commissioner need to be aware of e.g. visually impaired and requires larger text in documentation?	
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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 Information

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 Dyfed Powys Police, the Office of the Police and Crime Commissioner for Dyfed Powys 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.

Please mark all the answers that apply with an 'X.'

Sex	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Intersex <input type="checkbox"/> Other (please give details) <div></div>
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 <div></div>
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) <div></div>
Do you have a physical or mental impairment that has a substantially adverse and long-term effect on your ability to carry out normal day-to-day activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No <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></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></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></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 data-bbox="812 336 1375 425" style="border: 1px solid black; height: 40px; margin: 5px 0;"></div> <input type="checkbox"/> Black: African <input type="checkbox"/> Black: Caribbean <input type="checkbox"/> Black: any other black/African/Caribbean background (please describe) <div data-bbox="812 629 1375 719" style="border: 1px solid black; height: 40px; margin: 5px 0;"></div> <input type="checkbox"/> Other: Arab <input type="checkbox"/> Not known <input type="checkbox"/> Other: any other ethnic group (please describe) <div data-bbox="812 938 1375 1028" style="border: 1px solid black; height: 40px; margin: 5px 0;"></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"/> Any other religion (please describe) <div data-bbox="812 1550 1375 1639" style="border: 1px solid black; height: 40px; margin: 5px 0;"></div> <input type="checkbox"/> Not known
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

7. Attachments

Please attach the final decision letter from Dyfed Powys Police Force or any additional documents that are relevant. The final decision letter from Dyfed Powys Police Force can help us process your review more quickly. Please number and list your attachments in the table below.

Reference Number	Details/Reference/Title of Attachment

Thank you for the information you have provided.

Please submit your completed form to the Office of the Police and Crime Commissioner (OPCC), contact details provided below:

Email: opcc@dyfed-powys.police.uk
Address: Dyfed Powys Police and Crime Commissioner, PO Box 99, Llangunnor,
Carmarthen, Carmarthenshire, SA31 2PF