



## LONDON BOROUGH OF HAVERING

# Adjudication and Review Procedures: Members' hearing

*If you need help to complete this form please contact Grant Söderberg in Committee Administration Telephone: (01708) 433091*

It is **ESSENTIAL** that you use this form as it will help us to deal with your complaint more effectively.

This form should be returned, completed, within **28 days** of the date on this form.

Any request for additional time needs to be made in writing to the Committee Administration & Member Support Manager at the address below.

Continue your answers on a separate sheet if there is not enough space on this form.

When you have filled in **and signed** this form, send it to the Committee Administration & Member Support Manager at Havering Town Hall, Main Road, Romford RM1 3BD

Mr / Ms / Mrs / Miss / Other \_\_\_\_\_

(BLOCK CAPITALS) First Name: \_\_\_\_\_

(BLOCK CAPITALS) Surname: \_\_\_\_\_

Your address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_

**Daytime** phone number: \_\_\_\_\_

**Mobile** phone number: \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

This is a request for a Hearing by Councillors. As such, it is an **appeal against a decision** made at a Stage 2 review of a Stage 1 complaint. In order to ensure that the issues can be fully and properly addressed, you need to complete the remainder of this form as **accurately** as possible.

PLEASE **DO NOT** INTRODUCE **ANY NEW ISSUES OR MATERIAL** WHICH HAS NOT ALREADY BEEN CONSIDERED BY OFFICERS AT STAGE 2 AS IT WILL **NOT** BE CONSIDERED BECAUSE IT WAS NOT PART OF YOUR STAGE 2 REVIEW.

(a) Please indicate which **Service** you are complaining about

(b) What is the name and job title (if known) of the person who dealt with your Stage 2 review? \_\_\_\_\_

(c) When did you first complain? \_\_\_\_\_

(d) Have you received a written reply? **Yes / No**

(e) Did the response address **all** the issues you complained about? **Yes / No**

*(If the answer to (e) is 'yes', please explain **why** you want your complaint to be heard by Councillors?)*

*(If the answer to (e) is 'no', please state which parts have **not** been addressed and **why** you think that the response was not acceptable). Please enclose a copy of the reply sent to you with this form in either case.*

What specific issue(s) have **NOT** been addressed in the Stage 2 response? *(Please continue on a separate sheet if necessary)*

What do you think the service ought to have done to remedy the problem? *(Please continue on a separate sheet if necessary)*

Have you already complained in writing to a Councillor? **Yes / No**  
 (You do not have to have done so, but if you have, it helps us if we know to whom you wrote as they might have information which could be helpful to your appeal)

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If “yes”: (a) To which Councillor did you write and when?

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(b) Have you received a response? (Please enclose a copy if available)

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How have you been affected by the Council’s actions? *(Please continue on a separate sheet if necessary)*

What do you want the Council to do to put things right?  
**What remedy are you seeking?** *(Please continue on a separate sheet if necessary)*

In the first instance, your complaint will be considered by an *Initial Assessment Panel*. This is a panel which sits in private and consists of Councillors who will consider the **information you have provided on this form**, what the Service has done to try and resolve matters (the Stage 2 review) and its comments on what you say remain unaddressed or about which you are still unhappy about and also decide whether a Hearing would be appropriate (there are legal and procedural limitations on what a Hearings Panel can do and it may be that a Panel would not be the most appropriate body to adjudicate on your complaint).

If the Panel determines that a Hearing would be appropriate, you will be informed of this and your complaint will be considered by a different Panel which consists of three Councillors **(who were not involved in the original assessment)** and an Independent Person. You have the right to attend a hearing to present your case in person or you may ask for it to be dealt with by written representations. *Please read the accompanying notes before deciding.*

Please indicate how you want it to be heard

<input type="checkbox"/>	Personal appearance
<input type="checkbox"/>	Written representations

We would then proceed to arrange for the Hearing. In order to assist this process, if you wish to appear before the Panel, please indicate if there are any dates in the next month or so you would like to avoid.

Please indicate which time you would prefer your Hearing to take place.

**Morning (10.00am start)** please tick [ ], **afternoon (2.00pm start)** please tick [ ],  
**evening (6.30 start)** please tick [ ] or **no preference** please tick [ ]

If you have any documents to support your complaint, for example letters from the Council, **please send them to the Committee Administration & Member Support Manager with this form.** They will be copied and the originals returned to you. Do not include material which has not formed part of your original complaint **UNLESS** that material ***ought to have been considered by the service.*** (You will need to explain ***why*** it was not given to the service and the IAP might direct the service to review its decision taking that material into consideration before it deliberates on the matter). **Do not** include correspondence which is dated **after** the decision notice relating to your Stage 2 review. As stated above, a Hearing is an *appeal* and an appeal can only consider what was before the Service at the time of its review.

## IMPORTANT:

**This form must be signed by the person making the complaint**

**Your signature:**

**Date:**

**FOR OFFICE USE ONLY:**

**Date of Despatch****Date of Receipt**