Appeal against the Local Resolution outcome

We must receive your appeal within 28 days of the date of the letter sent to you advising that your complaint had been locally resolved. Please fill in and return this form by post to:

Independent Appeals Officer
Professional Standards Department
Hampshire Constabulary
Tower Street
Winchester
SO23 8ZD

To obtain this form in another language or format, please contact the Professional Standards Department:

Tel: 101
Fax: Contact us to request if this is required

Please give the date of the letter you received from us telling you the complaint had been locally resolved:	

Your Title		First name	
Family name			
Your address			
Daytime telephone		Evening telephone	
Email address			
What was the date that you made your complaint?			
Our reference *(ie: CO/123/11)*			

On the following pages are three questions that are important to helping us understand and manage your appeal. Should you require more space than is provided, please continue on a separate sheet and attach to this form.

Did we explain the Local Resolution process to you? YES ☐ NO ☐

If NO, please explain what you were told, if anything, about how we were going to look into your complaint. Please provide as much information as possible. Continue on a separate sheet if necessary.

Do you agree with the outcome of the local resolution? YES ☐ NO ☐

If NO, please explain how you think we did not follow the action plan and why the outcome was not appropriate. Please provide as much information as possible. Continue on a separate sheet if necessary.

Do you have any evidence or information to support your appeal, for example, photographs or letters? If so, please list them below.

Signature of person making the appeal	
Date of signature	