**COMPLAINT FORM**

Notes

1. You do not need to use this form to make your complaint but doing may help to ensure that you provide all the necessary information.
2. If you need help to complete the form please telephone the Standards Commissioner’s office on 028 9052 1338. Please note that the Commissioner cannot advise you on whether you should make a complaint or on what you should say in it.
3. Information in bold must be provided if your complaint is to be admissible. You do not have to provide the other information but it may speed up the processing of your complaint if you do.
4. If you are complaining about more than one MLA, you must complete a separate form for each of them
5. Please read Complaints Process before completing this form.
6. Please send the completed form and your supporting evidence by post to The Standards Commissioner, Room 15 Parliament Buildings, Stormont, Belfast BT4 3XX or by email to Standards.Commissioner@niassembly.gov.uk

**YOUR DETAILS**

Title: Mr/Mrs/Miss/Ms/Doctor/Other (please specify) --------------------------------------------------

**First Name: ------------------------------------------ Surname: -----------------------------------------------**

**Postal Address: --------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------Postcode**: -----------------------------------------------------------------------------------------------------------------------

Phone number(Day): ----------------------------------- (Evening): -----------------------------------

E-mail: ----------------------------------------------------------------------------------------------------------------

**DETAILS OF MLA YOU ARE COMPLAINING ABOUT**

**First name: ---------------------------------------------Surname: ----------------------------------------------**

**WHAT CONDUCT OF THE MLA DO YOU SAY BREACHED THE RULES OF CONDUCT?** (Please describe in detail each act or omission of the MLA that you allege broke one or more of the Rules of Conduct)

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**WHEN AND WHERE DID EACH ACT OR OMISSION TAKE PLACE?**

---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------**WHICH RULE OF CONDUCT DO YOU SAY WAS BROKEN BY EACH ACT OR OMISSION OF THE MLA?** (It is sufficient to give the number of the Rule)

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**SUPPORTING EVIDENCE**: You must attach sufficient documents or other evidence to satisfy the Commissioner that there is a prima facie case that a Rule of Conduct was broken. You should also attach the name and contact details of any witnesses whom you believe will be able to provide supporting evidence.

FURTHER INFORMATION: Insert here any further information that you believe would assist the Commissioner in considering your complaint. Please continue on separate sheet if required.

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