



## Appealing against the decision to disapply

Internal Use Only

We must receive your appeal within 29 days of the date of the letter telling you about the outcome of the complaint. This includes the time your appeal spends in the post.

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

.....

First name: (Please write clearly)

Surname: (Please write clearly)

.....

.....

Your address:

.....

.....Postcode.....  
Daytime telephone number Evening telephone number

.....  
Email address

.....

Date you made on your complaint

Reference number (if known)

.....

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

.....

What was the reason(s) given to disapply? Please select one or more of below (if known).

- The complaint is out of time - more than 12 months have passed between the incident and the complaint, and because of the delay injustice would be caused
- The matter is already subject to a complaint - the matter has already been raised as a complaint by the same person, or someone acting on behalf of them
- The complaint is anonymous
- The complaint is repetitious
- It was considered not reasonably practicable to proceed - for example if the complainant refuses to make a statement or assist with the investigation.
- The complaint was considered to be vexatious, oppressive vexatious and/or oppressive (this means the complaint is without foundation and could cause harsh and/or unfair treatment of the person complained about).

Or an abuse of procedures - this means when the complaints process has been misused or unfairly influenced.

Please explain why you want to appeal based on the reason(s) selected above, continuing on a separate sheet if necessary.

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

If you have any documents that support your appeal please list below or attach to them to this form when submitting your appeal.

.....

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

Date:

.....  
DD /MM / YYYY

All public bodies are obliged to record the ethnicity of people using its service. Being able to identify the ethnicity of complainants helps us to check it is reaching all sections of society. Please describe your ethnicity using the boxes below.

**WHITE**

- White British
- White Irish
- Any other White background

**MIXED**

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background

**ASIAN OR ASIAN BRITISH**

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

**BLACK OR BLACK BRITISH**

- Caribbean
- African
- Any other Black background

**CHINESE OR OTHER ETHNIC GROUP**

- Chinese
- Any other ethnic group

**NOT STATED**

**Where to send this form**

Northumbria Police  
Professional Standards Department  
Newcastle City Centre Police Station  
Forth Banks  
Newcastle upon Tyne  
NE1 3PH

