

PCC Name/Logo



## IOPC – Chief Officer Referral Form

Please fill in as much of this form as possible and e-mail it to us immediately. We need this information to assess the complexity of the case and the appropriate level of investigation needed. If information is not available at this stage of the investigation, please send us further details within five working days or provide reasons for the delay.

A Appropriate Authority Name	Contact details
1. Date complaint was made, or conduct or DSI matter came to the attention of the appropriate authority:	
1a. Referral date	
2. Referral time (24-hour clock)	
3. Initial contact name	
4. Role or job title	
5. Address	
6. Phone number	
7. Fax number	
8. E-mail address	

B	General Details
1. PCC reference number	
2. IOPC reference number	
3. If there has been a delay in the referral, please give the reasons for the delay.	
4. Origin of referral (tick one box only)	
Complaint <input type="checkbox"/> Recordable conduct matter <input type="checkbox"/> Death or serious injury <input type="checkbox"/>	
5. Nature of referral Mandatory <input type="checkbox"/> Voluntary <input type="checkbox"/> Called in by IOPC <input type="checkbox"/>	
6. If voluntary please state reason for referral to IOPC	
7. Is the complainant (tick one box only):	
the subject of the conduct <input type="checkbox"/> adversely affected by the conduct <input type="checkbox"/>	
a witness to the alleged conduct <input type="checkbox"/> acting on their behalf <input type="checkbox"/> If so, written consent obtained <input type="checkbox"/>	
does not apply (conduct matter) <input type="checkbox"/>	

<b>C Details of the complainant/subject/deceased/seriously injured</b>	
<b>1. First name or names</b>	
<b>2. Last Name</b>	
<b>3. Email address</b>	
<b>4. Address (including postcode)</b>	
<b>5. Date of birth</b>	
<b>6. Sex</b> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Male <input type="checkbox"/> Transgender Female <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/>	
<b>7. Ethnic origin (select one only)</b>	
white: English/Welsh/Scottish/Northern Irish/British <input type="checkbox"/>	
white: Irish <input type="checkbox"/>	
white: Gypsy or Irish Traveller <input type="checkbox"/>	
white: any other white background <input type="checkbox"/> please describe	
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 <input type="checkbox"/> please describe	
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 <input type="checkbox"/> please describe	
black: African <input type="checkbox"/>	
black: Caribbean <input type="checkbox"/>	
black: any other black/African/Caribbean background <input type="checkbox"/> please describe	
other: Arab <input type="checkbox"/>	
other: any other ethnic group <input type="checkbox"/> please describe	
not known <input type="checkbox"/>	
prefer not to say <input type="checkbox"/>	
<b>8. Sexual Orientation (select one only)</b>	
Heterosexual or Straight <input type="checkbox"/>	
Gay or Lesbian <input type="checkbox"/>	
Bisexual <input type="checkbox"/>	
other <input type="checkbox"/> please describe	
not known <input type="checkbox"/>	
prefer not to say <input type="checkbox"/>	
<b>9. Religion and Belief (select one only)</b>	
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 <input type="checkbox"/> please describe not known <input type="checkbox"/> prefer not to say <input type="checkbox"/>
<b>10. Name and address of any other injured parties (if this applies)</b>
<b>11. Details of all other relevant parties</b> , for example, next of kin, coroner, solicitor, FLM.

D Details of <i>Chief Constable (or Deputy Commissioner of the Metropolitan Police Service)</i> concerned					
Name of Chief Officer or Deputy Commissioner	Sex	Ethnic origin	Sexual Orientation (if known)	Religion and Belief (if known)	Have notices of investigation been served? If 'Yes', please provide copies.

E	<b>Details of the Complaint, Recordable Conduct Matter or Incident</b>
1. Date of the alleged incident	DD/MM/YYYY
2. Time of the alleged incident	:
3. Date the complaint was made (if this applies)	DD/MM/YYYY
4. Address where the incident took place	

F	<b>Description of the Complaint, Recordable Conduct Matter or Incident</b>
<b>1. Rationale for referral</b>	
<p><b>A If Conduct referral</b> (prior to referral, please contact your relevant oversight liaison or speak to the Assessment Unit):</p> <p><i>An appropriate authority (local policing body) must refer to the IOPC any conduct matter relating to a Chief Constable (or Deputy Commissioner of the Metropolitan Police Service) that came to their attention on or after 1 Feb 2020 where you are satisfied, from all of the available information, that there is an indication<sup>1</sup> that the Chief officer (or Deputy Commissioner of the Metropolitan Police Service) may have committed a criminal offence or behaved in a way that would justify the bringing of disciplinary proceedings<sup>2</sup> (a written warning or above).</i></p> <p>Please detail the evidence you consider provides an indication of a criminal offence or misconduct:</p> <p>Please detail the criminal offence(s)/standards of professional behaviour you have considered:</p> <p>Please outline why you consider the alleged conduct would justify at least a written warning or above:</p>	

<sup>1</sup> [Statutory guidance on the police complaints system \(policeconduct.gov.uk\)](http://policeconduct.gov.uk) Paragraphs 10.7 - 10.8

<sup>2</sup> [Guidance on outcomes in police misconduct proceedings \(college.police.uk\)](http://college.police.uk)

Not applicable

**B If Complaint referral:**

*As stated in IOPC guidance, an appropriate authority must refer to the IOPC any complaint relating to the conduct of a chief officer (or Deputy Commissioner of the Metropolitan Police Service) where the appropriate authority is unable to satisfy itself, from the complaint alone, that the conduct complained of, if it were proved, would not justify the bringing of criminal or disciplinary proceedings. This test should be based on the complaint alone. Therefore, you have referred this complaint to us as you are unable to rule out criminal or disciplinary proceedings based on what the complaint states<sup>3</sup>.*

Please provide the rationale as to why you consider that this test has been met, including information relating to the potential criminal offences and/or misconduct you have identified:

Not applicable

**C If DSI referral:**

Please provide your rationale as to why you consider the chief officer to be the "relevant officer" according to the definition of section 29(1) (A) of The Police Reform Act 2002:

Not applicable

**2. Description of the complaint, recordable conduct matter or incident**

*In order for us to assess the matter, please include:*

- *A summary/description of the complaint, recordable conduct matter or incident.*
- *Evidence which shows any direct involvement the Chief Officer (or Deputy Commissioner of the Metropolitan Police Service) has had in the matter, (please include copies of evidence).*
- *If a complaint referral, a copy of the complaint and recording document.*
- *If a conduct referral, a copy of the recording document.*

**3. Nature and number of allegations**

**4. What evidence is available?** (please send with this form if possible)

Custody report       Coroner's report       CCTV       Complaint form   
 Forensic evidence       Officer's notes       Other (give details below)       None   
 Medical evidence       Other evidence: please give details

**5. Number of police witnesses**

**Number of independent witnesses**

<sup>3</sup> [Statutory guidance on the police complaints system \(policeconduct.gov.uk\)](http://policeconduct.gov.uk) Annex A, Paragraph 9

G	Nature of Complaint, Recordable Matter or Incident
<p><b>1. Relevant factors</b> (<i>tick all that apply</i>)</p> <p>Acute Behavioural disorder/excited delirium <input type="checkbox"/></p> <p>Article 3 ECHR <input type="checkbox"/></p> <p>Body worn camera <input type="checkbox"/></p> <p>Call Handling <input type="checkbox"/></p> <p>Civil/neighbour hood dispute <input type="checkbox"/></p> <p>Corruption /perjury <input type="checkbox"/></p> <p>Custody <input type="checkbox"/></p> <p>Death <input type="checkbox"/></p> <p>Discrimination <input type="checkbox"/></p> <p>Domestic violence/gender abuse <input type="checkbox"/></p> <p>Drugs/alcohol <input type="checkbox"/></p> <p>Failure to investigate <input type="checkbox"/></p> <p>Mental health <input type="checkbox"/></p> <p>Missing person <input type="checkbox"/></p> <p>Near miss in custody <input type="checkbox"/></p> <p>Public order <input type="checkbox"/></p> <p>Risk assessment <input type="checkbox"/></p> <p>Road traffic incident <input type="checkbox"/></p> <p>Self harm/ suicide risk <input type="checkbox"/></p> <p>Serious injury <input type="checkbox"/></p> <p>Sexual assault or harassment <input type="checkbox"/></p> <p>Stop/search <input type="checkbox"/></p> <p>Terrorism <input type="checkbox"/></p> <p>Use of force <input type="checkbox"/></p> <p>Young person <input type="checkbox"/></p> <p>None of these <input type="checkbox"/></p>	
<p><b>2. Are any of the following relevant to the incident or allegation?</b> (<i>tick all that apply</i>)</p> <p>Age <input type="checkbox"/></p> <p>Disability <input type="checkbox"/></p> <p>Gender/gender reassignment <input type="checkbox"/></p> <p>Other discrimination <input type="checkbox"/></p> <p>Race <input type="checkbox"/></p> <p>Religion &amp; Belief <input type="checkbox"/></p> <p>Sexual Orientation <input type="checkbox"/></p> <p>None of these <input type="checkbox"/></p> <p><i>If 'Yes', please describe.</i></p>	
<p><b>3. Are drugs or alcohol relevant?</b> (<i>tick all that apply</i>)</p> <p>Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> No known drug or alcohol use <input type="checkbox"/></p>	

If 'Yes', please describe.

**4. Is mental health relevant?** (tick all that apply)

Held under the Mental Health Act (Sec. 135 and 136)  Other evidence of a mental-health issue

If mental health is relevant, please give details:

**H Details of the Relevant Contact** (*include role, names, addresses, phone numbers, e-mail*)

**1. Investigator or other main contact:**

**I Other Information**

**1. Details of the press or public interest**

**J Sub Judice Considerations**

**1. Are there any charges preferred or likely to be preferred against the complainant or other parties?**

Yes  No

If 'Yes', please provide details and the next court date.