

Have your say

Please use black ink. When you have filled in this form you may want to keep a copy for yourself.

1. Which service are you telling us about?

.....

2. Is it a compliment **suggestion** **complaint**
general comment *please tick one or more boxes.*

3. Please use this space to explain the details
eg. dates, names of officers, what happened etc.

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.....continue on attached page if necessary

4. Have you told us about this matter before? Yes No
If 'yes' please tell us who you told and when.....

.....

.....

5. What do you think we should do?.....

.....

.....

6. How would you like us to respond to you?
No response needed phone call letter email

We are committed to providing an equally good service to everyone. To help us monitor if we are achieving this please answer the following questions. This will not affect how we deal with your comment or complaint.

7. Your name:

8. Your address:.....
.....
.....

9. Your telephone number:

10. Your email address

11. Are you: Male? Female?

12. What is your ethnic group?

Choose ONE section from A to E, then tick the appropriate box to indicate your cultural background.

A. White

- British
- Irish
- Any other White background,
.....

C. Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background
.....

B. Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed background
.....

D. Black or Black British

- Caribbean
- African
- Any other Black background
.....

E. Chinese or other ethnic group

- Chinese
- Any other
.....

13. Do you have a disability? Yes No

If Yes please give details.....

Your signature

Date: / / .