



# **Do You Have Something to Say About Our Services?**

We aim to provide excellent services but things can go wrong. If this happens we want to know about it so we can learn from it and put things right. All communications will be in the strictest confidence.

If you require translation or interpretation into sign language, Braille, languages other than English or other accessible formats such as large print please contact Ashfield District Council, Urban Road, Kirkby-in-Ashfield, Nottingham, East Midlands. NG17 8DA. Telephone No: (01623) 450000.

# Customer Complaints Form Stage 1

1 Name:

Address:

Daytime Telephone  
No:

Email address (if any):

2

Tell us about your complaint (Use a separate piece of paper if needed).



**Equal Opportunities**

The information you provide will be treated in the strictest confidence and will only be used to monitor take up of services and ensure that no particular individual or group of people are discriminated against in the provision of service. This monitoring information could be passed on to other services of the Council, who need to use it for the same purpose. Thank you for your assistance.

1. What is your gender?      Female       Male

2. What is your age?     

3. Are you disabled or do you have a long term limiting illness or condition?  
Yes       No

**Please give further details below if you wish:**

Physical or mobility impairment (such a difficulty using your arms or mobility issues which means you use a wheelchair or crutches):

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Sensory impairment (such as being blind / having a serious visual impairment or being deaf / having a serious hearing impairment)

.....

Mental health condition (such as depression or schizophrenia):

.....

Learning disability/difficulty (such as Down's syndrome or dyslexia) or cognitive impairment (such as autistic spectrum disorder):

.....

Long standing illness or health condition (such as cancer, HIV, diabetes, chronic heart disease or epilepsy):

.....

Other (Please Specify):

**4. How would you describe your National Identity?**

- |                                   |   |
|-----------------------------------|---|
| <input type="checkbox"/> English  | <input type="checkbox"/> Welsh          |
| <input type="checkbox"/> Scottish | <input type="checkbox"/> Northern Irish |
| <input type="checkbox"/> British  |   |

Other Please write in .....

<b>What is your Ethnic Group</b>	
<b>White</b> <input type="checkbox"/> English /Welsh/Scottish/Northern Irish/British <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy or Irish Traveller Any other White background, please write in: .....	<b>Mixed/Multiple ethnic groups</b> <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other Mixed/Multiple ethnic background please write in .....
<b>Asian/Asian British</b> <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese Any other Asian background please write in: .....	<b>Black/African/Caribbean/Black British</b> <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black/African/Caribbean background please write in: .....
	<b>Any other ethnic group</b> please write in .....

**5. Are you from one of the following EU accession Countries? Yes  No**

<input type="checkbox"/> Bulgaria <input type="checkbox"/> Estonia <input type="checkbox"/> Latvia <input type="checkbox"/> Poland <input type="checkbox"/> Slovakia	<input type="checkbox"/> Czech Republic <input type="checkbox"/> Hungary <input type="checkbox"/> Lithuania <input type="checkbox"/> Romania <input type="checkbox"/> Slovenia
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**6. What is your religion/belief (if any)?**

<input type="checkbox"/> No religion <input type="checkbox"/> Buddhist <input type="checkbox"/> Jewish <input type="checkbox"/> Muslim <input type="checkbox"/> Any other please write in .....	<input type="checkbox"/> Christian (including church of England, Catholic, Protestant and all other Christian denominations) <input type="checkbox"/> Hindu <input type="checkbox"/> Sikh
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**7. What is your sexual orientation/sexuality?**

<input type="checkbox"/> Heterosexual	<input type="checkbox"/> Bisexual	<input type="checkbox"/> Lesbian/Gay
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**8. Are you a carer?**

A carer is someone who looks after a partner, relative or friend who is an older person, has a disability or long term illness. The carer may, or may not live in the same household.

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**9. Is your gender identity the same as the gender you were assigned at birth?**

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**Thank you for completing this form. The information provided will help us to improve our services to you and others in Ashfield District.**

**For Office Use Only**

*Date Rec'd*

*Date resolved*

*Date reply*

Registration No:

Passed to relevant Division      Yes/No

Enquiry raised by Councillor, M.P. or Advice Agency. State by whom:



**Customer Complaints - Data Protection Statement**

The information you have provided will be used for the purpose of monitoring the type and amount of customer complaints and as a record of contact. This information will be disclosed to officers investigating the complaint.

All information that you have provided will be treated in accordance with the Data Protection Act's principles.