

# COMPLAINTS FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Daytime tel. no: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

If you're a tenant, please tick your local trust:

Aldridge & Brownhills

Bloxwich

Central Walsall

Darlaston

Willenhall

## Your complaint

Please use the box below to explain, in as much detail as possible, what your complaint is about. Please continue on extra sheets if you need to.

## Are you appealing against a previous decision?

Yes  No

If yes, please use the box below to explain why you are appealing.

## Solving your complaint

What do you think we should do?

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## Strictly Confidential

Complaint No: \_\_\_\_\_

By answering the following questions, you will help us to monitor the service we provide to everyone in the community. Please tick the relevant boxes.

Are you:  female  male

Do you have a disability  yes  no

What is your ethnic origin

- |   |  |
|---|--|
| <input type="checkbox"/> White British                  | <input type="checkbox"/> Asian/Asian British: Bangladeshi    |
| <input type="checkbox"/> White Irish                    | <input type="checkbox"/> Asian/Asian British: Other          |
| <input type="checkbox"/> White Other                    | <input type="checkbox"/> Black/Black British: Caribbean      |
| <input type="checkbox"/> Mixed: White & Black Caribbean | <input type="checkbox"/> Black/Black British: African        |
| <input type="checkbox"/> Mixed: White & African         | <input type="checkbox"/> Black/Black British: Other          |
| <input type="checkbox"/> Mixed: White & Asian           | <input type="checkbox"/> Chinese/Other Ethnic Group: Chinese |
| <input type="checkbox"/> Mixed Other                    | <input type="checkbox"/> Chinese/Other Ethnic Group: Other   |
| <input type="checkbox"/> Asian/Asian British: Indian    |  |
| <input type="checkbox"/> Asian/Asian British: Pakistani |  |