

Comments and complaint form

Are you making a:

Comment <input type="checkbox"/>	Suggestion <input type="checkbox"/>	Complaint <input type="checkbox"/>
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Your details:

Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="checkbox"/>
First name					
Surname					
Address					
Postcode					
Tel no					
Email address					

If you are making a complaint, have you contacted the council before about it?

No <input type="checkbox"/> Yes <input type="checkbox"/>
If yes, and you know who dealt with your complaint, please write his or her name here:
Which department or service does your complaint relate to:

If you are contacting us on behalf of another person, please also fill in the section below with your details.

Title	Mrs <input type="checkbox"/>	Mr <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="checkbox"/>
First name					
Surname					
Address					
Postcode					
Tel no					
Email address					

Details of your comment, suggestion or complaint

If you are making a complaint how would you like to see the matter resolved?

Signature:

Date:

We want to treat everyone equally and fairly. To help us check whether we are doing this we would be grateful if you could answer the following questions. All your answers will be treated in the strictest confidence and will not affect the way we deal with your feedback.

It will only be used to monitor our performance and make sure we are treating everyone fairly.

If you prefer not to fill in this section please tick

Are you:

Female <input type="checkbox"/> Male <input type="checkbox"/> Prefer not to say <input type="checkbox"/>
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Do you consider yourself to be disabled?

<input type="checkbox"/> No
<input type="checkbox"/> Prefer not to say
<input type="checkbox"/> Yes - Physical impairment, such as difficulty using arms or mobility issues which may mean using a wheelchair or crutches
<input type="checkbox"/> Yes - Sensory impairment, such as being blind / having a serious visual impairment or being deaf / have a serious hearing impairment
<input type="checkbox"/> Yes - Mental health condition, such as depression, anxiety or schizophrenia
<input type="checkbox"/> Yes - Learning disability/difficulty (such as Down's Syndrome, dyslexia, dyspraxia) or cognitive impairment (such as autistic spectrum disorder)
<input type="checkbox"/> Yes - Long standing illness or health condition, such as cancer, HIV, diabetes, chronic heart disease or epilepsy
<input type="checkbox"/> Yes - Other (please state)

Please tick the age group you belong to

<input type="checkbox"/> 18 and under	<input type="checkbox"/> 65 – 74
<input type="checkbox"/> 19 – 24	<input type="checkbox"/> 75 – 84
<input type="checkbox"/> 25 – 44	<input type="checkbox"/> 85 +
<input type="checkbox"/> 45 – 64	<input type="checkbox"/> Prefer not to say

Please tick the ethnic group you belong to

<input type="checkbox"/> Arab	<input type="checkbox"/> Mixed/Multiple Ethnic Groups - White and Asian
<input type="checkbox"/> Asian/Asian British - Bangladeshi	<input type="checkbox"/> Mixed/Multiple Ethnic Groups - White and Black African
<input type="checkbox"/> Asian/Asian British - Indian	<input type="checkbox"/> Mixed/Multiple Ethnic Groups - White and Black Caribbean
<input type="checkbox"/> Asian/Asian British - Pakistani	<input type="checkbox"/> Mixed/Multiple Ethnic Groups - Other (please state)
<input type="checkbox"/> Asian/Asian British - Chinese	<input type="checkbox"/> White - English/Welsh/Scottish/ Northern Irish/British
<input type="checkbox"/> Asian/Asian British - Other (please state)	<input type="checkbox"/> White - Irish
<input type="checkbox"/> Black/African/Caribbean/Black British - African	<input type="checkbox"/> White - Other (please state)
<input type="checkbox"/> Black/African/Caribbean/Black British - Caribbean	<input type="checkbox"/> Other ethnic group (please state)
<input type="checkbox"/> Black/African/Caribbean/Black British - Other (please state)	<input type="checkbox"/> Prefer not to say
<input type="checkbox"/> Gypsy or Traveller of Irish Heritage	

Please return your completed form to:

Freepost RTXL-YHGY-GSYS
South Gloucestershire Council
Customer Feedback
Council Offices
Badminton Road
Yate
BRISTOL
BS37 5AF