






## CLAIM FOR COMPENSATION

In the event of failing to meet our key service standards, Westcountry Housing may, at its discretion, pay compensation to customers. For further details, see our leaflet 'Compensation for Customers'.

If you wish to claim compensation, please fill in this form and return it to us at the address shown at the foot of this form.

Your name:	Phone number:
Address:	
Reason for claim:	
Name of staff member who dealt with this incident (if applicable).	
Date and time of incident.	
Signed	Dated
Please fill in the reverse of this form, and then return it to: Westcountry Housing, Hatfield House, Hatfield Road, Torquay TQ1 3HF.	

If you, or someone you know, would like this *Compensation Form* in large print , on CD  or audio tape , in Braille , or translated into another language  please contact our Communications Team on 01803 217560 or email [info@westwardhousing.org.uk](mailto:info@westwardhousing.org.uk)

## Diversity Monitoring Form

### How would you describe your ethnic origin?

Tick the appropriate box to indicate your cultural background.

#### White

British

Irish

Any other White background, please write in \_\_\_\_\_

#### Mixed

White & Black Caribbean

White & Black African

White & Asian

Any other Mixed background, please write in \_\_\_\_\_

#### Asian or Asian British

Indian

Pakistani

Bangladeshi

Any other Asian background, please write in \_\_\_\_\_

#### Black or Black British

Caribbean

African

Any other Black background, please write in \_\_\_\_\_

#### Chinese or other Ethnic group

Chinese Any other Asian background, please write in \_\_\_\_\_

Prefer not to state

### Gender

Male

Female

Have you ever identified as transgender?

Yes

No

Prefer not to state

**So we can tailor our services to your needs, please complete this page. Your information will be held in confidence.**

### Sexual Orientation

Bisexual

Gay woman/lesbian

Gay man

Heterosexual

Prefer not to state

### Disability

Do you have any long standing illness, disability or infirmity?

Yes

No

Prefer not to state

If yes, please describe the disability: \_\_\_\_\_

Please tell us about any reasonable adjustments you may require: \_\_\_\_\_

### Age

16-24

25-34

35-44

45-54

55-59

60-64

65-74

75+

Prefer not to state

### Religion/Belief

Atheist

Buddhist

Christian

Hindu

Jewish

Muslim

Sikh

No Religion

Other \_\_\_\_\_

Prefer not to state