



LEARNING FROM YOU COMPLIMENT FORM

We welcome feedback from our customers – whether it be criticism or praise. If you are especially pleased by or impressed with any aspect of our service, we would like to hear from you. We use all compliments and complaints to learn how we can best develop our services to meet the aspirations of our customers. Your comments are valued, and we regularly publish the results of feedback in *Coast to Coast*.

Please write your compliment here:

Full name in block capitals:

Mr/Mrs/Ms/Miss

Address:

Email:

Telephone Home:

Work:

If you or someone you know, would like this *Compliment Form* on audio tape, in large print, in Braille or translated into another language, please contact our Communications Manager on 01803 200300.

PLEASE RETURN TO YOUR NEAREST OFFICE:

Head Office:

Hatfield House, Hatfield Road, Torquay, Devon TQ1 3HF

Tel: 01803 200300 Fax: 01803 292227

West Area Office:

Endurance House, 3 Parkway Court, Marsh Mills, Plymouth, Devon PL6 8LR

Tel: 01752 254200 Fax: 01752 257500

www.westcountryha.org.uk

Email: info@westcountryha.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 or disability?

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