

COMPLAINT FORM

Please fill in this form if you wish to make a complaint about the service you have received from Westcountry Housing. Return the completed form to us at the address on page 3. If you prefer, you may telephone us with the complaint or call in to the office where the Complaints Officer will be pleased to assist you with the completion of this form if you wish.

Full name in block capitals:	Mr/Mrs/Ms/Miss			
Address:				
Telephone Home:	Work:			
Email:				
Relationship to Westcountry Housing (Please tick box):				
Tenant <input type="checkbox"/>	Applicant <input type="checkbox"/>	Shared Owner <input type="checkbox"/>	Owner <input type="checkbox"/>	Other <input type="checkbox"/>

What is your complaint?

(Please give as much information as possible – including dates.
You may refer to previous letters.)

Please continue over ➤

What is your complaint? – *please continue*

(Please continue on a separate sheet if necessary. You may also wish to enclose relevant documents).

Have you notified anyone at Westcountry about this complaint – if so who?

What practical steps can Westcountry take to resolve your complaint?

Do you wish this matter to be investigated without revealing your name? Yes No
(The Complaints Officer will advise if at any stage it is not possible to guarantee anonymity)








A member of Westward Housing Group

PLEASE RETURN TO:

Hatfield House, Hatfield Road, Torquay TQ1 3HF
Tel: 01803 200300 Fax: 01803 292227

www.westcountryha.org.uk

Email: info@westcountryha.org.uk

If you, or someone you know, would like this *Complaint 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



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