

COMMENTS, COMPLAINTS & COMPLIMENTS FORM

Name:



Daytime:

email :

Address:

Have you written or spoken
to anyone at the Council
about this matter before?

Yes

No

How long ago?

Postcode:

What was the name of
the person that you dealt
with?

Signature:

Which department?

Date:

If you have any documents you would like us to consider in connection with this matter, please attach copies and tick this box.

The Data Protection Act 1998 - Information you give us about yourself will be held on a computer or in a manual record, which you have a right to see and check in line with the Data Protection Act 1998. Your rights are explained in our leaflet "Data Protection Guidance – Personal Information – Your Right to Know"

My comment, complaint, compliment is.....

What do you think the Council should do?

About You

No two people are the same and so it's important we ask a few personal questions; to help us build flexible, responsive, services for you. This helps us to ensure that we're delivering to everyone and not focusing on any particular group of people. However, you don't have to answer these questions if you'd rather not. The information we ask in this section will only be used to compile statistics for use in monitoring the Comments, Complaints and Compliments Procedure and improving the delivery of the Council's services. However, in dealing with your feedback we may have to share your information with our partners.

1. Are you? Please tick (✓) box

Male Female

2. What age are you?Please tick (✓) only one box

16-24 years	<input type="checkbox"/>	25-34 years	<input type="checkbox"/>
35-44 years	<input type="checkbox"/>	45-54 years	<input type="checkbox"/>
55-64 years	<input type="checkbox"/>	65-74 years	<input type="checkbox"/>
75-84	<input type="checkbox"/>	85 years +	<input type="checkbox"/>
		Prefer not to say	<input type="checkbox"/>

Long-standing illness and Disability

Under the Disability Discrimination Act (DDA) 1995 a person is considered to have a disability if he/she has a physical or mental impairment which has a sustained and long-term adverse effect on his/her ability to carry out normal day to day activities. Since 2005, people with HIV, cancer and multiple sclerosis (MS) are covered by the DDA.

3. Do you have any long-standing illness or disability? Please tick (✓) only one box

Yes No Prefer Not to Say

4. Does this illness or disability limit your activities in any way? Please tick (✓) only one box

Yes No Prefer Not to Say

5. How would you describe your ethnic origin? Please tick (✓) only one box

<p>A. White</p> <p>British <input type="checkbox"/></p> <p>English <input type="checkbox"/></p> <p>Irish <input type="checkbox"/></p> <p>Scottish <input type="checkbox"/></p> <p>Welsh <input type="checkbox"/></p> <p>Other White background (please specify) <input type="checkbox"/></p> <hr/> <p>F. Other</p> <p>Romany Gypsy <input type="checkbox"/></p> <p>Traveller <input type="checkbox"/></p>	<p>B. Mixed</p> <p><input type="checkbox"/> White & Black Caribbean</p> <p><input type="checkbox"/> White & Black African</p> <p><input type="checkbox"/> White & Asian</p> <p><input type="checkbox"/> Other (please specify) <input type="checkbox"/></p> <hr/> <p>D. Black or Black British, English, Scottish or Welsh</p> <p>Caribbean <input type="checkbox"/></p> <p>African <input type="checkbox"/></p> <p>Other Black background (please specify) <input type="checkbox"/></p> <hr/> <p>G. Any other background (Please specify)</p> <p><input type="checkbox"/></p> <hr/> <p><input type="checkbox"/></p>	<p>C. Asian or Asian British, English Scottish or Welsh</p> <p><input type="checkbox"/> Indian <input type="checkbox"/></p> <p><input type="checkbox"/> Pakistani <input type="checkbox"/></p> <p><input type="checkbox"/> Bangladeshi. <input type="checkbox"/></p> <p><input type="checkbox"/> Other Asian (please specify) <input type="checkbox"/></p> <hr/> <p>E. Chinese or Chinese British, English, Scottish or Welsh</p> <p><input type="checkbox"/> Chinese <input type="checkbox"/></p> <hr/> <p>H. Prefer not to say <input type="checkbox"/></p>
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6. How would you describe your sexual orientation? Please tick (✓) box

Heterosexual Bisexual Gay Lesbian Prefer not to say

7. Which of these best describes your religion or belief? Please tick (✓) box

Buddhist <input type="checkbox"/>	Christian <input type="checkbox"/>	Hindu <input type="checkbox"/>
Jewish <input type="checkbox"/>	Muslim <input type="checkbox"/>	Sikh <input type="checkbox"/>
Other (please specify) <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>	

Thank you for completing this form, please return it to:

✉ Complaints and Data Quality Officer
 Strategy and Performance
 Support Services
 Southend-on-Sea Borough Council
 PO Box 6, Civic Centre, Victoria Avenue
 Southend-on-Sea
 Essex SS2 6ER