

## Comments, Compliments and Complaints – Customer Feedback Form

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Postcode \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Preferred method of reply:     In writing             By telephone             By e-mail

Do you have a:                     Comment             Compliment             Complaint

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### Your Comment, Compliment or Complaint

Please provide full details, including the service or name of the officer that you dealt with, and when (an approximate date will be fine). Continue on a separate sheet if necessary.

## Complaints Only

Have you raised this complaint with the Council before?  Yes  No

If Yes, it would be helpful if you could tell us with whom you dealt with and what action, if any, was taken.

What do you feel the Council can do now to resolve your complaint?

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for answering these questions and providing us with your feedback on our services. We will endeavour to respond fully within five working days.

Please return your completed form to:

**Head of Information & Customer Services, Rochford District Council, South Street, Rochford, Essex SS4 1BW**

***For office use only***

Reference: \_\_\_\_\_

Date received: \_\_\_\_\_

Dealt with by: \_\_\_\_\_

Date concluded: \_\_\_\_\_

**Confidential**

**Diversity Monitoring of Complaints**

The Council promotes a policy of equal opportunities which aims at ensuring that no service user receives less favourable treatment on grounds of gender, age, disability, or ethnic origin.

Please assist the monitoring of this policy by providing additional details about yourself as requested below. **This form must be returned with your Comments, Compliments & Complaints form, however it will be separated and kept confidentially. The information you provide will only be used to compile statistics for monitoring purposes.**

Month and Year of complaint \_\_\_\_\_

Are you: Female  Male

Age range: Under 21  21-30  31-40  41-50  Over 50

Do you have a disability? Yes  No

Which of the following do you consider to be your ethnic origin? *(Tick only one box)*

<b>Asian or Asian British</b>	<b>Black or Black British</b>	<b>Chinese or other ethnic group</b>	<b>Mixed</b>	<b>White</b>
<input type="checkbox"/> Indian	<input type="checkbox"/> Caribbean	<input type="checkbox"/> Chinese	<input type="checkbox"/> White and Black Caribbean	<input type="checkbox"/> British
<input type="checkbox"/> Pakistani	<input type="checkbox"/> African	<input type="checkbox"/> Other	<input type="checkbox"/> White and Black African	<input type="checkbox"/> Irish
<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Other		<input type="checkbox"/> White and Asian	<input type="checkbox"/> Other
<input type="checkbox"/> Other			<input type="checkbox"/> Other	

Decline to answer

Please return your completed form to:

**Head of Information & Customer Services, Rochford District Council,  
South Street, Rochford, Essex SS4 1BW**