**Complaints Form**

**You can use this form to make a complaint at any stage of our complaint’s procedure**

**Which area are you complaining about?**

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| --- |
|  |

**What is your complaint?**

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|  |

***(*If you run out of space, please use extra paper.)**

**What do you think we should do to sort out your problem?**

|  |
| --- |
|  |

**Have you already spoken to us about your complaint? Yes No**

|  |
| --- |
| **If ‘Yes’, who did you speak to and when? (please give date if possible)** |
|  |
|  |
|  |  |
| **What did they do about your complaint?** |
|  |

We need your name and address to follow up your complaint. We will only hold the details you give to us for it as long as necessary to deal satisfactorily with your complaint and will not pass it on to anyone else. Your privacy is important and so we follow the Data Protection Act 1998.

|  |  |
| --- | --- |
| Your name: |  |
|  |
| **Your home address:** |  |
|  |  |
| **Your postcode:** |  |

|  |  |
| --- | --- |
| **Email address:** |  |
| **Daytime phone number:** |  |
| **Evening phone number:** |  |

We want to treat everyone fairly. We would be grateful if you would answer a few questions so that we can make sure that we are providing a good service to everyone in our community. You do not have to give us this information, but if you do, it will not affect how we deal with your complaint. We will keep it confidential and when we have dealt with your complaint, we will only use it for putting together statistics which cannot be related back to you.

|  |
| --- |
| If you agree that we can use your information in this way please tick this box: 🞎  |
| Are you: |  |
| **Male?** |  | **Female?** |  |
| Do you have a long-standing illness, disability or infirmity? |
| Yes? |  | **No?** |  |

|  |
| --- |
| **Did you need any help to fill in this form?**  |
| Yes? |  | **No?** |  |

**If yes, what help did you need (for example, an interpreter)?** (Please give details.)

|  |
| --- |
|  |

Which of the following would you describe yourself as? (Please tick one box only.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Asian or Asian British |  |  | Black or Black British |  |
|  |  |  |  |
| Mixed |  |  | White |  |
|  |  |
| Chinese or other ethnic group (Please give details.) |  |

|  |  |
| --- | --- |
| **Your Signature:** |  |
|  |  |
| **Date:** |  |

**Please return this form to the:**

Senior Manager, Operations & Support Services

Adult Learning and Skills Service,

Macbeth Centre,

Macbeth Street,

London W6 9JJ.

or

Email: beryl.lester@lbhf.gov.uk