

Monitoring our equal opportunities policy

We want to find out if we are giving as good a service as we can to people who make a complaint. To help us do this, please fill in this form and send it to us with your complaint.

The information will only be used to monitor the way that we respond to complaints it will not affect the way that your individual complaint is handled. Any figures that we produce from this information for our annual report will not identify you in any way.

Q1 What is your gender?

- | | | | |
|----------------------------|--------------------------|----------------------------|--------------------------|
| Male | <input type="checkbox"/> | Transgender female to male | <input type="checkbox"/> |
| Female | <input type="checkbox"/> | I would rather not say | <input type="checkbox"/> |
| Transgender male to female | <input type="checkbox"/> | | |

Q2 In which age category are you?

- | | | | |
|----------|--------------------------|------------------------|--------------------------|
| Under 18 | <input type="checkbox"/> | 65 or over | <input type="checkbox"/> |
| 18 - 50 | <input type="checkbox"/> | I would rather not say | <input type="checkbox"/> |
| 51 - 64 | <input type="checkbox"/> | | |

Q3 Are you:

- | | | | |
|--------------|--------------------------|------------------------|--------------------------|
| Bisexual | <input type="checkbox"/> | Lesbian woman | <input type="checkbox"/> |
| Gay man | <input type="checkbox"/> | I would rather not say | <input type="checkbox"/> |
| Heterosexual | <input type="checkbox"/> | | |

Q4 Do you consider yourself to have a disability?

- | | | | |
|-----|--------------------------|------------------------|--------------------------|
| Yes | <input type="checkbox"/> | I don't know | <input type="checkbox"/> |
| No | <input type="checkbox"/> | I would rather not say | <input type="checkbox"/> |

Q5 Are you a carer of a disabled person?

- | | | | |
|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

Q6 Please describe your ethnic origin

- | | |
|--|--------------------------|
| White | <input type="checkbox"/> |
| British | <input type="checkbox"/> |
| Irish | <input type="checkbox"/> |
| Traveller (<i>Including Gypsy, Roma and Irish</i>) | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |
| Asian or Asian British | <input type="checkbox"/> |
| Indian | <input type="checkbox"/> |
| Pakistani | <input type="checkbox"/> |
| Bangladeshi | <input type="checkbox"/> |
| Other Asian | <input type="checkbox"/> |

Q6 Please describe your ethnic origin contd

Black or Black British

Caribbean

African

Other

Chinese or other Ethnic

Chinese

Other ethnic group

Mixed

White and Black Caribbean

White and Asian

White and Black African

Any other mixed background

Thank you for filling out the survey.