

Head Office: 0151 227 3716

Complaint Handling Survey

Reference Number:



What do you think about our complaint procedure? As someone who has recently made an official complaint, we would like to know how you feel we handled the matter, so we can look at ways to improve the service.

Every three months, one completed questionnaire will be drawn from all those we have received and the lucky person chosen will win a £50 gift voucher for a store of their choice or the chance to donate £50 to a charity!!!

So please complete and return in the prepaid envelope as soon as possible.

If you would like to get involved in a focus group that will review how we deal with and learn from Complaints, please tick this box.

Name:

Address.....

Postcode:..... Preferred contact number:.....

Please Circle

Were you worried about making a complaint to us?..... YES NO

(If you have answered 'yes' please explain why in the box overleaf)




Did you find it easy to report your complaint?..... YES NO

(If you have answered 'no' please explain why in the box overleaf)

Has your complaint been fully resolved with the issues sorted out and no more work outstanding?..... YES NO

Were you satisfied with the final outcome?..... YES NO

If you answered no to the above question may we contact you?..... YES NO

How would you rate the following:	 Good	 Neither	 Poor
Your first point of contact when reporting your complaint			
Being kept informed during the whole process			
How fairly your complaint was dealt with			
How quickly your complaint was dealt with			
How easy it was to understand our complaints process			
Overall, how did you rate our service to you on this occasion			

Are there any other important points, comments or suggestions you wish to make regarding the service you have received?

If you have not completed the following questions before or your circumstances have changed recently, please complete the questionnaire on the next page.

All information supplied in this survey are confidential and not shared with anyone.

How old are you?	Please tick box
16-24	
25-44	
45-64	
65 and over	
Prefer not to say	
Do you have a long term illness or a disability?	Please tick box
Yes	
No	
Prefer not to say	
Are you pregnant?	Please tick box
Yes	
No	
Prefer not to say	
Are you	Please tick box
Male	
Female	
Transgender to Male	
Transgender to Female	
Prefer not to say	
Are you	Please tick box
Heterosexual	
Gay man	
Gay woman	
Bisexual	
Prefer not to say	

What is your religion?	Please tick box
None	
Christian	
Buddhist	
Hindu	
Jewish	
Muslim	
Sikh	
Any other Religion	
Prefer not to say	
What is your ethnic group?	Please tick box
White British	
White Irish	
Mixed White & Black Caribbean	
Mixed White & Black African	
Mixed White & Asian	
Asian/Indian	
Asian/British	
Asian/Pakistani	
Asian/Bangladeshi	
Asian/Chinese	
Black British	
Black Caribbean	
Black African	
Gypsy or Traveller	
Other (please state)	