

Letting International Complaint Satisfaction Form

We aim to provide a good service in responding to public complaints. In order to help us evaluate our performance in dealing with your complaint we would like you to give us your feedback. We value your comments and would appreciate it if you could complete this questionnaire.

Your Name	LI Ref [If known]
Your Complaint [add brief description of subject of your complaint]	

	<i>Poor</i>	<i>Satisfactory</i>	<i>Excellent</i>
How easy was it to make a complaint?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How easy were we to contact?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did we provide enough help/support?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How well did we respond to your complaint?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How well did we keep you informed during the process?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How clear was the information given to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, how well did we handle your complaint?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How accessible was the Letting International's complaints procedure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Equalities Monitoring Questionnaire

This part of the form will help us to find out more about whether we are providing a good level of service to all persons. (You do not need to complete this form if you already completed this section of the Complaints Form when making your initial complaint.)

Please tick the boxes that describe you within each of the categories below

1. Ethnic Group:

White		Black and Black British	
British	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>
Irish	<input type="checkbox"/>	African	<input type="checkbox"/>
Any other white background (Please write in)	<input type="checkbox"/>	Any other Black background (Please write in)	<input type="checkbox"/>

Mixed		Chinese	
White and Black Caribbean	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
White and Black African	<input type="checkbox"/>		
White and Asian	<input type="checkbox"/>	Other Ethnic Group	
Any other mixed race (Please write in)	<input type="checkbox"/>	Any other group (Please write in)	<input type="checkbox"/>

Asian and Asian British	
Indian	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>
Any other Asian background (Please write in)	<input type="checkbox"/>

2. Sex: Male Female

3. Age: under 16 16-19 20-24 25-59 60-64
65 & over

4. Do you consider yourself to be a disabled person?

Yes No

Thank you