

Comments/compliments form

Your details

We want to make sure that all our customers are treated fairly and equally.

To do this, we would be grateful if you would provide the following information. We will keep this information confidential and it will not affect how we handle your complaint.

Your name: _____

Your address: _____

_____ Postcode: _____

Telephone numbers:

Home: _____ Work: _____

Mobile: _____ Email: _____

Please tick which of the following boxes apply to you:

1. What is your gender?

Male Transgender Male Prefer not to say

Female Transgender Female

2. What is your age group?

Under 18 35 to 59 18 to 25 26 to 40

26 to 40 60+ Prefer not to say

3. What is your ethnic origin?

Black or Black British

- Caribbean
- African
- Other

Chinese or other East Asian ethnic group

- Chinese
- Other East Asian
- Other: _____
- Prefer not to say

White

- British
- Irish
- Other

Mixed

- White and black Caribbean
- White and black African
- White and Asian
- Other

Asian or Asian British

Vietnamese

Indian

Bangladeshi

Pakistani

Other

4. What is your religion?

Muslim

Jewish

Sikh

Atheist / Agnostic

Other

None

Prefer not to say

Christian

Buddhist

Hindu

5. Does anyone in your household have a disability?

Yes

No

6. Please give details of your comment/compliment*
Delete as appropriate:

7. Is there any action you would like us to take?
Please specify:

Your signature: _____

Date: _____

Please tear the complaint form out of the booklet and send the form back to us in the freepost envelope we have given you.

If you need a copy of this form in large print, Braille, audio form or translated into your first language, please contact the ISHA office.

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