

Complaint Form

If you are unhappy with the service you have received from us you can make a complaint by filling in this form and returning it in the pre-paid envelope provided. You can also complete our on-line complaints form by logging onto our website www.spirehomes.org.uk. If you need help with completing this form, please phone us on **0300 123 66 11**.



Your name _____

Address _____

E-mail _____

Telephone Home _____

Mobile _____



How would you like us to respond to you? By letter By email By phone

If you are completing this form on behalf of someone please can you give us your contact details below so we can send a copy of any information to you.

What is your complaint?

(please give as much information as you can and, if possible, include dates, times, etc.)

What would you like us to do to put things right?

Do you have any suggestions which may help us improve our services?

It would be useful to know the following information; please can you answer the questions below. Any information given to us will be kept confidential.

Age

18-24 yrs 25-34 yrs 35-54 yrs 55-59 yrs 60-64 yrs 65-74 yrs 75+ yrs

What is your Ethnic origin?

- | | |
|--|---|
| <input type="checkbox"/> White : British | <input type="checkbox"/> Asian or Asian British : Pakistani |
| <input type="checkbox"/> White : Irish | <input type="checkbox"/> Asian or Asian British : Bangladeshi |
| <input type="checkbox"/> Any other white background | <input type="checkbox"/> Any other Asian background |
| <input type="checkbox"/> Mixed : White & Black Caribbean | <input type="checkbox"/> Black or Black British : Caribbean |
| <input type="checkbox"/> Mixed : White & Black African | <input type="checkbox"/> Black or Black British : African |
| <input type="checkbox"/> Mixed : White & Asian | <input type="checkbox"/> Any other Black background |
| <input type="checkbox"/> Any other mixed background | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Asian or Asian British : Indian | <input type="checkbox"/> Other (please state) _____ |

Do you consider yourself to have a disability?

Yes No If yes, please give further details _____

Signed : _____

Date : _____

Please return your form in the pre-paid envelope provided or completing it on-line. We will then acknowledge your complaint within 3 working days and let you know who will be dealing with it. You will get a full response within 10 working days.

