

Please use this form to send us the details of your feedback.

Here are the details of my **Comment** **Compliment** **or Complaint**

If you have a comment or complaint, please let us know what you think we should do to put it right

Name:

Address:

Tel.No:
Home:
Work:
Mobile:

Email:

How would you prefer to be contacted
(e.g. phone, email, post)

If you are making the complaint for someone else please provide the following:

Their name:

Your relationship to the person you are speaking for (eg, relative, advocate, friend):

Please send this form to:

Customer Relations Team

County Hall
Room 296-298
Kingston Upon Thames
Surrey
KT1 1DN

Tel: 020 8541 9100

Email: county.complaints@surreycc.gov.uk

Fax: 020 8541 7575

Equalities monitoring and discrimination

Why do we ask questions about equality and diversity?

Our aim is to stop discrimination and make sure that everyone has equal access to our services. We monitor the ethnic origin of our customers and staff to help us ensure that our services are accessible to all ethnic minority groups.

You do not have to answer the questions below if you do not want to, however this information will help us to monitor our accessibility and make sure your needs are met. Thank you for helping us to achieve this.

1. How would you describe your ethnic group? Please tick one box.

- | | |
|---|---|
| <input type="checkbox"/> Asian or Asian British Bangladeshi | <input type="checkbox"/> Mixed White and Black African |
| <input type="checkbox"/> Asian or Asian British Indian | <input type="checkbox"/> Mixed White and Black Caribbean |
| <input type="checkbox"/> Asian or Asian British Pakistani | <input type="checkbox"/> White British |
| <input type="checkbox"/> Black or Black British African | <input type="checkbox"/> White Irish |
| <input type="checkbox"/> Black or Black British Caribbean | <input type="checkbox"/> White Traveller (including Gypsy, Roma or Irish Traveller) |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> I would rather not answer |
| <input type="checkbox"/> Mixed White and Asian | <input type="checkbox"/> If other please give details |

2. Do you consider yourself to have a disability as defined by the Equality Act 2010? A person has a disability for the purposes of this act if they have a physical or mental impairment, which has a substantial and long-term adverse effect on their ability to carry out day-to-day activities.

- | | |
|------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> No | <input type="checkbox"/> I would rather not answer |

3. What is your gender? Please tick one box

- | | |
|---------------------------------|--|
| <input type="checkbox"/> Male | <input type="checkbox"/> I would rather not answer |
| <input type="checkbox"/> Female | |

4. What is your legal marital or same-sex civil partnership status? Please tick one box

- | | |
|---|---|
| <input type="checkbox"/> Never married and never formed a civil partnership | <input type="checkbox"/> In a civil partnership |
| <input type="checkbox"/> Married | <input type="checkbox"/> Separated, but still legally in a civil partnership |
| <input type="checkbox"/> Separated but still legally married | <input type="checkbox"/> Formerly in a civil partnership which is now legally dissolved |
| <input type="checkbox"/> Divorced | <input type="checkbox"/> Surviving partner from a civil partnership |
| <input type="checkbox"/> Widowed | <input type="checkbox"/> I would rather not answer |

5. In which age category are you? Please tick one box

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Under 18 | <input type="checkbox"/> 50 – 64 |
| <input type="checkbox"/> 18 – 29 | <input type="checkbox"/> 65+ |
| <input type="checkbox"/> 30 – 49 | <input type="checkbox"/> I would rather not answer |

6. Which of the following religious or faith group do you identify with? Please tick one box

- | | |
|---|--|
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> Muslim |
| <input type="checkbox"/> Christian (Includes Protestant, Roman Catholic, Methodist and Evangelical) | <input type="checkbox"/> Sikh |
| <input type="checkbox"/> Hindu | <input type="checkbox"/> No religious/faith group |
| <input type="checkbox"/> Jewish | <input type="checkbox"/> I would rather not answer |
| <input type="checkbox"/> Any other religion/faith – please give details | <input type="text"/> |

7. Are you? Please tick one box

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