**Adult Social Care Customer Feedback Form**

You can use this form to give your comments, compliments or complaints.

Your details:

<table>
<thead>
<tr>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
</tr>
<tr>
<td>Email</td>
</tr>
<tr>
<td>Phone</td>
</tr>
</tbody>
</table>

How would you like us to contact you eg post, email, phone?

If by phone, do you have a preferred time (between 9am and 5pm) for us to contact you?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am making a comment</td>
<td></td>
</tr>
<tr>
<td>I am making a complaint</td>
<td></td>
</tr>
<tr>
<td>I am paying you a compliment</td>
<td></td>
</tr>
</tbody>
</table>

If you are completing this form on behalf of someone else please provide their details:

<table>
<thead>
<tr>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
</tr>
<tr>
<td>Email</td>
</tr>
<tr>
<td>Phone</td>
</tr>
<tr>
<td>Your relationship</td>
</tr>
</tbody>
</table>

Please tell us about your feedback, including names, dates and places as appropriate.
We would like to gather some further background information about you to help ensure we are providing our services fairly and to all sectors of our community.

We don’t want anybody to miss out or be disadvantaged because of the way we work and we try hard to make sure that this doesn’t happen. One way for us to know how we are doing is to find out about who is using our services. This information is voluntary. This should take no more than a couple of minutes but will be very helpful to us.

1. Are you?

☐ Male  ☐ Female  ☐ Prefer not to say

2. Which of these age groups do you belong to?

☐ 18-29  ☐ 50-64  ☐ 90+

☐ 30-39  ☐ 65-79  ☐ Prefer not to say

☐ 40-49  ☐ 80-89

Advocacy is available to people using our services who have substantial difficulty in making their voice heard. Advocacy is taking action to help people say what they want, secure their rights, represent their interests and get services they need. An advocate can speak with you or speak on your behalf.

Do you have any other special needs or requirements that we should know about?
3. Which one of these groups do you belong to?

White
- English/ Welsh/ Scottish/ Northern Irish/ British
- Irish
- Gypsy, Roma or Irish Traveller
- Other White

Black or Black British
- African
- Caribbean
- Black British
- Other Black

Asian or Asian British
- Bangladeshi
- Indian
- Pakistani
- Chinese
- Asian British
- Other Asian

Mixed
- White and Asian
- White and Black African
- White and Black Caribbean
- Other Mixed

Other backgrounds
- Arab
- Other

Any other backgrounds - please write:

- Prefer not to say

4. Do you consider yourself to have a disability or a condition that affects your daily life?
- Yes
- No
- Prefer not to say

5. Which of the following faith and belief groups do you identify with?
- Buddhist
- Jewish
- No religion
- Christian
- Sikh
- Prefer not to say
- Muslim
- Hindu

Other faith or belief. Write here:

6. Which of these best reflects your sexual orientation?
- Heterosexual
- Bisexual
- Gay man
- Lesbian woman
- Other
- Prefer not to say