



standards & feedback

Customer complaints & equality monitoring form

Available in large print, Braille and on CD

Shqip ئىربى 中文 Čeština Français كوردى Portuguese Soomaali أردو

Filling in the complaint form

This complaint form has three parts;

- (i) Pages 1 and 2 are for you to keep as a handy record of the complaints procedure and the progress of your complaint.
- (ii) Pages 4-6 are the complaints form to fill in and return.
- (ii) Pages 7-10 are the ethnic monitoring form for you to fill in and return.
This information will be kept separate from your complaint, and will remain strictly confidential.

If you need help filling in the form, please ask a Northwards Housing staff member. Or you can go to Manchester Advice in the Town Hall, a Citizens Advice Bureau or a law centre.

Keeping track of your complaint

To help you follow the progress of your complaint, you can fill in the details at each stage.

1. Date you sent complaint			
2. Date your complaint is acknowledged			
3. Date you received interim response			
4. Date you received full response			
5. Date you sent request for review			
6. Date your review request is acknowledged			
7. Date you received review result			
8. Date you sent appeal request			
9. Date your appeal is acknowledged			
10. Date you received appeal result			

Something about our service you don't like?

Please tell us – it's your right

What is a complaint?

When you tell us you are not happy because of:

- the standard of service you get from Northwards Housing; or
- our failure to do something we agreed to do; or
- the way you were treated.

Please remember:

making a complaint will not affect your right to fair treatment and good service from us.

When should I fill the complaint form in?

After you have already spoken to a Northwards Housing staff member about it and you are not satisfied with the response you have received.

What will happen to my complaint?

- Your complaint will be acknowledged within 5 working days
- The manager of the appropriate Northwards Housing team will investigate your complaint
- You will receive a full response to your complaint within 10 working days. If this is not possible, we will send you a letter explaining why there is a delay
- The reply you receive will tell you what to do if you are not happy with the response you get
- Your complaint details will remain confidential at all times.

1. About you

Name

Address.....

..... Post code

Tel no. (day)..... (eve).....

Todays date

2. About your complaint

Please use this section to give us details about your complaint.

Which office have you contacted with your complaint?

.....

Name(s) of Northwards Housing staff who dealt with your complaint

.....

Date you first complained

.....

Nature of complaint

.....

.....

.....

.....

.....

.....

Equality monitoring form

Help us provide a fair & equal service

By answering the following questions you can help us make sure everyone gets a fair and equal service regardless of sex, age, disability, sexuality or ethnic group. These details are confidential and we keep them separate from any other form you complete.

**If you would like this form translated please call
03000 123 123.**

How would you describe yourself?

Please tick all boxes that apply.

1. Sex

Male Female Do not wish to answer

2. Age

Under 25 25-34 35-44 45-54 55-64 65+

3. Do you feel that your age has affected the service you have received?

Yes No

If yes, please tell us how: The way staff dealt with you

Any other reason, please describe

4. Do you consider yourself to have a disability? Yes No

If yes, do you consider yourself to be a person with:

Physical impairment Deaf or hearing impairment

Visual impairment Mental health needs

Learning difficulties or disabilities Literacy and numeracy needs

Other (please state)

5. Do you feel your disability has affected the service you have received?

Yes No

If yes, please tell us how:

The way staff dealt with you

Physical access into or within our buildings

Access to information in a format that you can understand

Other (please state)

6. How would you describe your ethnic group?

White

British

Irish

Any other white background

Black or Black British

Caribbean

African

Any other Black background

Mixed

White & Black Caribbean

White & Black African

White & Asian

Any other mixed background

Asian or Asian British

Indian

Pakistani

Bangladeshi

Any other Asian background

Other

Chinese

Vietnamese

Gypsy/Traveller

Other ethnic group (please state)

Do not wish to answer

7. Do you feel that the ethnic group you belong to has affected the service you have received?

Yes No

If yes please tell us how:

 <hr/> <hr/>

8. How would you define your sexuality?

Heterosexual/straight Gay man Gay woman/lesbian

Bisexual

Other (*please tell us*)

9. Do you still identify with the same gender you were given at birth?

Yes No

10. Do you feel that your sexuality has affected the service you have received?

Yes No

If yes please tell us how:

 <hr/> <hr/>

11. What area of Northwards Housing did you deal with?

Cheetham Hill Monsall White Moss

Other (*please state*)

Thank you for helping us make sure everyone receives a fair and equal service.

Please detach it and send it to
FREEPOST Northwards Housing HQ

Extra services for customers with reduced hearing or vision

To get this leaflet in Braille, large print or on CD:

Call: 03000 123 123 **E-mail:** info@northwardshousing.co.uk

Fax: 03000 124 123 **Text phone:** 0161 274 0899

Nëse këtë dokument e doni të përkthyer, ju lutemi telefononi numrin më poshtë, ky dokument gjendet edhe në gjuhën braille, në format me germa të mëdha ose në CD.

Albanian

ان كنت تريد ترجمة هذه الوثيقة، يرجى الاتصال بالرقم المذكور أدناه. تتوفر هذه الوثيقة أيضاً بطريقة برايل للمكفوفين وبالحرuf والطباعة الكبيرة أو على قرص مدمج – سي دي.

Arabic

如果您想要一份中文译本，请拨打下列电话。
这文件也有盲文版、大字体版和 CD 光盘备索。

Chinese

Přejete-li si překlad tohoto dokumentu zavolejte prosím na níže uvedené číslo. Tento dokument je také k dispozici ve slepeckém písmu, ve velkém formátu nebo na CD.

Czech

Si vous désirez une traduction de ce document, appelez le numéro ci-dessous. Ce document est également disponible en braille, en gros caractères ou sur CD.

French

نه گه ر پښت خوښه ته رجومه ي. نه م به لگه نامه به وه رگرښت، تکايه په ټوه ندي بکه به نه و ژماره ي خواره وه. نه م به لگه به هه ر وه ها به شينوازي نوسراوي کوزران، به چاپي گه زره و يان له سه ر سي دي هه په.

Kurdish

Se deseja obter este documento traduzido, por favor contacte o número abaixo, este documento também está disponível em Braille, impressão grande ou CD.

Portuguese

Haddii aad rabto in dukumeentigan lagu turjumo fadlan soo wac lambarka hoose, waxaa dukumeentigan weliba lagu heli karaa farta Braille ee dadka indhaha la', far waaweyn ama cajal (CD).

Somali

اگر آپ اس دستاویز کا ترجمہ چاہتے ہیں تو براہ کرم نیچے دئے گئے نمبر پر کال کریں، یہ دستاویز بریل، بڑی چھپائی یا سی ڈی کی شکل میں بھی دستیاب ہے۔

Urdu

03000 123 123