

Complaints and comments form

We endeavour to put our customers first and listen and learn from you. We have introduced this easy to use form to encourage you to tell us what you think. We welcome and encourage feedback from customers and hope that you provide us with compliments, comments and suggestions when we get it right, as well as complaints when you think we could have done better.

You can complain in whatever ways suit you, but we hope this form will help. If you need any additional help please ask any member of staff or call our Customer Service Centre on **Freephone 0800 479 7979**.

Section 1

ABOUT OUR CUSTOMER

Are you a:

Tenant

Homeowner

Other please state _____

Title

Mr

Mrs

Miss

Dr

Other please state _____

Forename: _____

Surname: _____

Date of birth: _____

Address:

Postcode

Phone:

Home _____

Mobile: _____

Please indicate preferred

Home

Mobile

Email: _____

If you are representing our customer please complete the following:

Are you a

- Elected member Solicitor
 Family member* Friend*
 Other please state _____

*You must complete and return a representation mandate with this form

Title

- Mr Mrs Miss Dr
 Other please state _____

Forename: _____

Surname: _____

Address:

Postcode

Phone:

Home _____

Mobile: _____

Please indicate preferred

- Home Mobile

Email: _____

Section 2

**IF IT IS A COMMENT, SUGGESTION
OR COMPLIMENT**

What is the comment you wish to make?

Section 3

IF IT IS A COMPLAINT

Details of complaint – what is the issue?

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

Complaint categories – please select closest match:

- | | |
|---|---|
| <input type="checkbox"/> Repairs | <input type="checkbox"/> Improvement work |
| <input type="checkbox"/> Allocations | <input type="checkbox"/> Antisocial |
| <input type="checkbox"/> Account issues | <input type="checkbox"/> Insurance |
| <input type="checkbox"/> Staff | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Environmental | <input type="checkbox"/> Neighbour nuisance |
| <input type="checkbox"/> Noise Issue | <input type="checkbox"/> Other |

Please select main issue:

- | | |
|---|--|
| <input type="checkbox"/> Quality of service | <input type="checkbox"/> Length of time |
| <input type="checkbox"/> Outcome of application | <input type="checkbox"/> Charges |
| <input type="checkbox"/> Snagging | <input type="checkbox"/> Progress of a request |

Have you previously raised this complaint?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

If Yes,

a) When was this? Approx. date: _____

b) To whom did you complain? _____

c) Please detail below the outcome at that time:

Method of complaint:

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> In person | <input type="checkbox"/> Telephone |
| <input type="checkbox"/> Letter/email | <input type="checkbox"/> Complaint form |
| <input type="checkbox"/> Website | <input type="checkbox"/> Other |

EQUALITY AND DIVERSITY

This information is strictly confidential and will be used for monitoring and statistical purposes only. It will not be used to investigate your complaint.

We are committed to providing equal access to our services for all customers. To help us do this, please answer a few questions. You do not need to answer these questions if you do not want to and whether or not you do it will make no difference to the way we handle your comment or complaint.

Your sex:

- Male Female

Your age:

- 16-24 35-44 55-64 25-34
 44-54 65-74 75+

Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

- Yes, limited a lot Yes, limited a little No

Please tick one of the ethnic groups shown to tell us your ethnic background.

White

- Scottish Irish
 Other British Polish
 Any other white background

Black, black Scottish or black British

- African Caribbean
 Somalian Any other black background

Continued...

Asian, Asian Scottish or Asian British

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Indian | <input type="checkbox"/> Pakistani |
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Any other Asian background | |

Other ethnic group

- | | |
|---|---------------------------------|
| <input type="checkbox"/> Gypsy or Traveller | <input type="checkbox"/> Jewish |
| <input type="checkbox"/> Any other ethnic group | |

Multiple ethnic groups (do you consider yourself to be multi racial)

- More than one ethnic group
- I do not know what my ethnic background is

Please indicate your religion or belief:

- | | |
|---|---|
| <input type="checkbox"/> Church of Scotland/England | <input type="checkbox"/> Hindu |
| <input type="checkbox"/> Roman Catholic | <input type="checkbox"/> Pagan |
| <input type="checkbox"/> Other Christian faith | <input type="checkbox"/> Jewish |
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> Another religion |
| <input type="checkbox"/> Muslim | <input type="checkbox"/> I am not religious |
| <input type="checkbox"/> Sikh | |

Once this form is completed to your satisfaction, please:

- hand it to a member of staff
- post it to your local housing office or
- post it to: Customer Complaints Coordinator, Glasgow Housing Association, Granite House, 177 Trongate, Glasgow G1 5HF