



# Complaint Feedback Survey

Please take a few minutes to complete this form and return it in the pre-paid envelope provided. Alternatively the survey can be completed online, please visit [www.gght.org.uk](http://www.gght.org.uk). Your feedback will assist us in continually improving our service delivery to you, our customer. Please could you return this survey in the pre-paid envelope to:

Golden Gates Housing Trust  
F.A.O.: Adam Timothy  
PO Box 1181  
Warrington  
WA1 9FB

All completed surveys will be placed in a quarterly prize draw to win £25.

## If you would like this document in another format, we can change it into:

Any other language

Another colour / Another Colour

British Sign Language

Braille

Picture Format

Audio

A Larger font

And many more...

Please just contact a member of  
staff at Golden Gates Housing free  
on 0800 25 26 27

यदि इस जानकारी को आपको किसी और भाषा में आवश्यकता हो तो कृपया 0800252627 पर टैलीफोन करें या स्टाफ़ के किसी कर्मचारी से बात-चीत करें। (Hindi)

تلفون نمبر زانیاریت بے زمانیکی تر دقویت نغرا تکیه تلفون بکه یز نمارة 0800 25 26 27 باخود قسه لعملا بکنیک له کارمندان دا بکه (Urdu)

Jeśli niniejsza informacja jest wymagana w innym języku, prosimy o kontakt pod numerem telefonu 0800 25 26 27 lub o zwrócenie się do któregoś z pracowników. (Polish)

Если Вы хотели бы эту информацию на другом языке, позвоните, пожалуйста на номер 0800 25 26 27 или свяжитесь с членом штата. (Russian)

Bu bilgiyi bir başka dilde arzu ediyorsanız lütfen 0800 25 26 27 numaraya telefon ediniz veya görevli memurla konuşunuz. (Turkish)

اگر آپ یہ معلومات کسی اور زبان میں چاہتے ہیں۔ تو مہربانی کر کے 0800 25 26 27 پر فون کریں یا سٹاف کے کسی معین سے بات کریں۔ (Punjabi)

Your Name

Your Date of Birth

Your Address

Home Telephone Number

Mobile Telephone Number

E-mail Address

**1. How did you make your complaint? (please tick one box)**

Over the phone

In person

On the GGH website

By letter

By telephone

By fax

or by asking a friend, a relative, local councillor, MP or any representative to contact us

**2. Was the complaints procedure made available to you? (please tick one box)**

Yes

No

Can't remember

**3. Was the complaints procedure clear and easy to understand? (please tick one box)**

Yes

No

**4. If the answer to question 3 was 'no' please explain why.**

**5. Was it made clear that you would receive a response within a set timescale? (please tick one box)**

Yes

No

**6. Were you satisfied with the way your complaint was dealt with? (please tick one box)**

Very satisfied

Fairly dissatisfied

Fairly satisfied

Very dissatisfied

Neither satisfied nor dissatisfied

**7. If the answer to question 6 was 'fairly dissatisfied' or 'very dissatisfied' please explain why.**

**8. Were you satisfied with the outcome of your complaint? (please tick one box)**

Very satisfied

Fairly dissatisfied

Fairly satisfied

Very dissatisfied

Neither satisfied nor dissatisfied

**9. Do you have any further comments or suggestions?**

## Equality and Diversity Monitoring

You do not have to answer all of these questions. However by answering the questions enclosed you will help us to provide services that meet your needs and allow us to make sure that we are not discriminating against you or anyone else.

### 10. What is your current Gender? (please tick one box)

- Male  
 Female

### 11. Has your gender identity changed? (please tick one box)

- Yes  
 No

### 12. Do you class yourself as disabled? (please tick one box)

- Yes  
 No

### 13. What is your marital status? (please tick one box)

- Married  
 Civil Partnership  
 Single  
 Widowed  
 Divorced  
 Separated

### 14. What is your Religion or Belief? (please tick one box)

- |                                    |   |
|------------------------------------|---|
| <input type="checkbox"/> Atheist   | <input type="checkbox"/> Muslim         |
| <input type="checkbox"/> Baha'l    | <input type="checkbox"/> Rastafarianism |
| <input type="checkbox"/> Buddhist  | <input type="checkbox"/> Sikh           |
| <input type="checkbox"/> Christian | <input type="checkbox"/> None           |
| <input type="checkbox"/> Hindu     | <input type="checkbox"/> Other          |
| <input type="checkbox"/> Jewish    | Please specify other.....               |

**15. What is your ethnicity? (please tick one box)**

**White**

- British
- Irish
- Other White background

**Mixed**

- White and Black Caribbean
- White and Black African
- White and Asian
- Other mixed background

**Asian or Asian British**

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Other Asian Background

**Black or Black British**

- Caribbean
- African
- Other Black Background

**16. How would you define your sexuality? (please tick one box)**

- Heterosexual (*attracted to the opposite sex*)
- Gay (*men attracted to men*)
- Lesbian (*women attracted to women*)
- Bi-sexual (*attracted to both men & women*)
- Other