

## CUSTOMER SATISFACTION QUESTIONNAIRE

If you would like this information in another format or language please contact: - 01422 393001

اگر آپ کو یہ معلومات کسی دوسری زبان  
یا شکل میں چاہیے تو رابطہ کریں:

01422 393001 (Urdu)

As a user of the services provided by the Licensing Unit, we would be grateful if you would take the time to complete the following questionnaire. Your comments to us are valuable and significant and will be confidential. It should not take you more than a couple of minutes to fill in.

We are continually looking to improve the Licensing service within Calderdale Council, whether it is services delivered to our customers, or partner agencies.

If you wish to discuss the content of the questionnaire please contact the Licensing Unit, on 01422 393131 or [licensing@calderdale.gov.uk](mailto:licensing@calderdale.gov.uk).

### 1. To be completed if you have submitted a licence application (If not applicable please go to Section 2).

Please indicate the licence category (if more than one please tick)

- Personal Licence
- Premises Licence
- Marriage Act Premises
- Scrap Metal Dealers
- Motor Salvage
- Private Hire Driver
- Private Hire Vehicle Licence
- Hackney Carriage Driver
- Hackney Carriage Vehicle Licence
- Private Hire Operators Licence
- Temporary Event Notice
- Sex Establishment Licence
- Track Betting Licence
- Gambling Act 2005 Licence
- \*Street Collection Permit
- \*House-to-House Collection Permit
- \*Small Lottery Licence
- Other

\*if you have ticked this category you do not need to answer question 5 or 6.

(Please state.....)

**2. To be completed in the instance of any contact with the Licensing Unit, (other than a licence application)**

Was the purpose for your contact?

- A general enquiry
- A complaint about a licensed or unlicensed activity/person?
- An enquiry in connection with your existing licence?
- Other  (please specify .....

**When answering the questions on the following pages, please circle the number that best describes your choice:**

- 1 EXCELLENT**
- 2 GOOD**
- 3 SATISFACTORY**
- 4 LESS THAN SATISFACTORY**
- 5 POOR**
- 6 NOT USED /NOT SEEN**

**3. How do you find the content of the following?**

a. Licensing on the Calderdale website

**1                      2                      3                      4                      5                      6**

If you scored '4' less than satisfactory or 5' Poor please indicate how it could be improved.

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b. Application Forms

**1                      2                      3                      4                      5                      6**

If you scored '4' less than satisfactory or 5' Poor please indicate how it could be improved.

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c. Guidance Notes

**1                      2                      3                      4                      5                      6**

If you scored '4' less than satisfactory or 5' Poor please indicate how it could be improved.

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**4. How do you find the services provided by the Licensing Unit?**

a. at the Counter / In person

1                      2                      3                      4                      5                      6

If you scored '4' less than satisfactory or 5' Poor please indicate how it could be improved.

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b. on the telephone

1                      2                      3                      4                      5                      6

If you scored '4' less than satisfactory or 5' Poor please indicate how it could be improved.

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c. by Email

1                      2                      3                      4                      5                      6

If you scored '4' less than satisfactory or 5' Poor please indicate how it could be improved.

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**5. Do you agree or disagree your business has been treated fairly?**

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly disagree
- Not applicable

**6. Do you agree or disagree the contact was helpful?**

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly disagree
- Not applicable

If you have answered questions 5 & 6 please supply your contact details below:

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Business Address \_\_\_\_\_

\_\_\_\_\_

Contact number \_\_\_\_\_

**7. Please add any comments you may have that will help us to improve our service.  
(Continue on another page if necessary)**

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**8. Are you interested in attending a Forum to discuss the findings of this  
Questionnaire?        YES / NO**

**9. If the answer to question eight is YES, please fill in your contact details below:**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Contact number \_\_\_\_\_



We are trying to make sure that all our surveys involve as much of our diverse community as possible to obtain as many different views as possible. We feel what you have to say can help us to improve the services we deliver and improve our employment practices. Therefore, we are asking the following questions about you so that we can make sure that our service includes everyone's needs as far as possible. The information you provide will be kept confidential and will only be used by our departments and service areas.

**You do not have to answer these questions**

<b>Gender</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of birth:
<b>Are you disabled?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>*Do you live full time in the gender role opposite that assigned at birth?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>How would you describe your sexual orientation?</b>	<input type="checkbox"/> Lesbian <input type="checkbox"/> Gay	<input type="checkbox"/> Bisexual <input type="checkbox"/> Heterosexual	<input type="checkbox"/> prefer not to say
<b>What is your ethnic origin?</b> Please choose one section from A – E, and then tick the appropriate box to indicate your ethnic background			
<b>A White</b>  <input type="checkbox"/> British  <input type="checkbox"/> Irish  <input type="checkbox"/> Any other White background please write below	<b>B Mixed</b>  <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other Mixed background please write below	<b>C Asian or Asian British</b>  <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Other Asian background please write below	
<b>D Black or Black British</b>  <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other background please write below	<b>E Other ethnic groups</b>  <input type="checkbox"/> Chinese  <input type="checkbox"/> Gypsy/Traveller  <input type="checkbox"/> Any other background please write below		