Calderdale Council

Tell us how we are doing?

Please use this form to make a complaint or give a compliment or suggestion. Remember, if you just want to ask us to provide a service you do not need to fill out this form. Just get in touch with the Council and we will see what we can do to help. For general enquiries please telephone the Council on 01422 288001 or e mail customerfirst@calderdale.gov.uk

Are the services relating to	Corporate ☐	Adult Social Care ☐	Child/Young People's Social Care ☐

Details of your complaint, compliment or suggestions

Please include an extra sheet of paper if necessary		
Have you told us before?	Yes	No
If yes, when did you tell us?		
What would you like us to do?		
Name		
Address		
Postcode	phone numbers e mail address	

Please return the Completed form to:

Calderdale Council Complaints and Compliments Unit
FREEPOST RTGL-EXHR-SRLH, 19 Horton Street, Halifax HX1 1QE

- No postage stamp is required

OR e mail to: complaintsandcompliments@calderdale.gov.uk

EQUALITY MONITORING FORM **Everyone different, everyone matters**

The Council is trying to make sure that our services are accessed by as many customers and potential customers as possible. Monitoring is an essential part of tackling inequality and discrimination and, if done effectively, will help us check whether our policies, services and organisational culture are meeting the needs of our community. The information you provide will be kept confidential and will only be used by our departments and service areas. Completion of this form or any part of it is voluntary. (Please tick the appropriate box).

Service User Age	Under 25 ☐ 35 – 54 ☐ 65+ ☐	25 – 34 ☐ 55 – 64 ☐	
Are the services you use relating to	Corporate ☐	Adult Social Care ☐	Child/Young Person Social Care ☐
Are you disabled? 'A physical or mental impairment which has a substantial and long term adverse effect on a person's ability to carry out normal day to day activities'	Yes ☐	No ☐	
Gender	Male ☐	Female ☐	
Is your current gender the same as your birth gender?	Yes ☐	No ☐	
How would you describe your sexual orientation?	Lesbian ☐ Gay ☐ Prefer not to say	Bisexual ☐ Heterosexual ☐	

What is your ethnic origin?

A White

British ☐
Irish ☐
Any other White background please write below:

_____

B Mixed

White and Black Caribbean ☐
White and Black African ☐
White and Asian ☐
Any other Mixed background please write below:

_____

C Asian or Asian British

Indian ☐
Pakistani ☐
Bangladeshi ☐
Other Asian background please write below:

_____

D Black or Black British

Caribbean ☐
African ☐
Any other background please write below:

_____

E Other ethnic groups

Chinese ☐

Any other background please write below:

What is your religion or belief?	Christian ☐ Hindu ☐ Jewish ☐ No religion ☐	Atheist ☐ Sikh ☐ Agnostic ☐ Other (please state)	Buddhist ☐ Muslim ☐ Prefer not to say ☐

The information contained within this form is covered by the Data Protection Act 1998