

If you require this questionnaire in an alternative format please contact Building Control, contact details are on the following page.



# BUILDING CONTROL CUSTOMER FEEDBACK QUESTIONNAIRE

**Building Control is committed to providing the best service possible; please help us improve by giving us your comments and suggestions.**



## Contacting us:

You can contact Building Control via any of the methods below:

Address: Building Control

2nd floor, Northgate House

Northgate

Halifax

HX1 1UN

Telephone: 01422 392223

Fax: 01422 392203

Email: [building.control@calderdale.gov.uk](mailto:building.control@calderdale.gov.uk)

Website: [www.calderdale.gov.uk/buildingcontrol](http://www.calderdale.gov.uk/buildingcontrol)

## Returning your Questionnaire:

Your questionnaire can be:

- posted to the address above
- faxed to 01422 392203
- delivered with your next correspondence to the Building Control or Planning Services
- By hand at the Building Control or Planning reception
- Left in an envelope at any of our Customer First service outlets or libraries, addressed to Building Control.
- Or if a representative of the Building Control or Planning Services are visiting your site they would be pleased to receive a completed questionnaire.

Thank you for your efforts.

*Mike Terry*

# Building Control

## Customer Feedback Questionnaire

### 1) Type of Application

Domestic

Non Domestic

Please indicate your level of satisfaction with the service provided by the Building Control Service in each of the following areas by ticking the response that most represents your views. If necessary please expand on your rating by adding comments in the box provided.

### 2) Added value to the finished product

Very Satisfied	Fairly	Neither Satisfied nor Dissatisfied	Fairly	Very
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any Other Comments?	
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### 3) Being helpful and responsive to your needs

Very Satisfied	Fairly	Neither Satisfied nor Dissatisfied	Fairly	Very
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any Other Comments?	
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#### 4) Applying the Building Regulations professionally

Very Satisfied	Fairly	Neither Satisfied nor Dissatisfied	Fairly	Very
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any Other Comments?	
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#### 5) The overall Service

Very Satisfied	Fairly	Neither Satisfied nor Dissatisfied	Fairly	Very
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any Other Comments?	
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#### About you (optional):

Name:

Company (if applicable):

Address:

Telephone:

Fax:

Email:

Would you like us to contact you to discuss your feedback? (please tick)

Yes  No

Thank you for taking the time to complete this questionnaire, if you are interested in seeing the results we would be happy to share them, just get in touch with Calderdale Building Control.

Please be assured any personal details you share with us will be kept confidential and not passed on to any third parties.

**As part of our Building Control Customer Feedback Questionnaire we would ask you to complete this short equality survey to help us understand a little more about our customers.**

**If you do not feel comfortable completing this equality survey it is not compulsory but please complete the customer feedback questionnaire as we value your opinion on our service.**

**PLEASE TICK THE APPROPRIATE BOX**

Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
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**Which ethnic group would you put yourself in?**

<b>WHITE</b>		<b>BLACK</b>	
British	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>
Irish	<input type="checkbox"/>	African	<input type="checkbox"/>
Any other White background Please write below	<input type="checkbox"/>	Any other Black background Please write below	<input type="checkbox"/>
<b>MIXED</b>		<b>ASIAN</b>	
White and Black Caribbean	<input type="checkbox"/>	Indian	<input type="checkbox"/>
White and Black African	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
White and Asian	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
Any other White background Please write below	<input type="checkbox"/>	Any other Asian background Please write below	<input type="checkbox"/>
<b>CHINESE AND OTHER ETHNIC GROUPS</b>		<b>OTHER ETHNIC GROUP</b>	
Chinese	<input type="checkbox"/>	Please write below	<input type="checkbox"/>