

# Independent Complaints Investigation form

Name: .....

Address: .....

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Phone number (daytime):

.....

Phone number (evening):

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E-mail: .....

Date: .....

The name of the service you would like to complain about:

.....

Date of last contact (if known):

.....

The name of the person you have already contacted:

.....

Cambridge City Council processes personal data in compliance with the Data Protection Act 1998. This information may be used to ask you at a later date how well we handled your complaint. If you do not want us to contact you about this please tick here.

Details of your complaint:

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

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**Please ask if you want our staff to help you fill in the form.**

# We aim to provide all our services fairly

We monitor our services to check we are meeting this aim. To help us do this we would be grateful if you would fill in the information below. We will keep the information you give us confidential.

How would you describe your ethnic origin? (tick one box)

- Asian or Asian British – Indian
- Asian or Asian British – Pakistani
- Asian or Asian British – Bangladeshi
- Asian or Asian British – Other
- Black or Black British – Caribbean
- Black or Black British – African
- Black or Black British – Other
- Chinese
- Mixed – White and Black Caribbean
- Mixed – White and Black African
- Mixed – White and Asian
- Mixed – Other
- White – British
- White – Irish
- White – Other
  
- Other (please specify)

Do you have a disability?  Yes  No