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| 20/20 Housing Co-op Complaints Form |

Please ask a co-op representative if you need help to complete this form. The Complaints Form will be completed by or with the complainant if you are reporting it in person or by phone, and by a co-op representative if you have reported the complaint by email, online or by letter. If it has been completed by a co-op representative, the form will be given or sent to the complainant to check and to sign – possibly at a later date.

Your details (please include joint tenants where applicable)

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| Complainant details | | | |
| Name (ie. your name) |  | | |
| Address (ie. your address) |  | | |
| Are you: | | | |
| A co-op member? |  | | |
| Someone else? | Please specify the nature of your relationship with the co-op: | | |
| Contact details | | | |
| Home phone |  | Work phone |  |
| Mobile |  | e-mail address |  |

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| Your complaint could be about something that the co-op should or should not have done or has done badly or unfairly, or about something that the co-op has done or not done in accordance with our policies and procedures, about the way that a complainant has been treated in the provision of a service, or about a complainant feeling that they have been discriminated against in relation to a service provision. This may include the co-op taking too long to provide a particular service, not doing something a policy says will be done, giving someone wrong information or misinforming them, treating someone unfairly in relation to delivery of a service, making a commitment which has not been kept or another service matter. We will advise you if the matter you are raising should not be dealt with as a complaint. |
| Please tell us about your complaint. Try to include as much detail as possible, including dates and times when things happened and specifying any individual people involved. Continue on a separate sheet if necessary. |

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| What would you like to see happen to help resolve your complaint? |

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| Would you like your complaint to be: | 󠄀 A formal complaint  󠄀 An informal complaint  (please tick one box) |
| A **formal complaint** means that a formal procedure will be carried out to manage the complaint. We will still seek to resolve whatever problems you have raised.  An **informal complaint** means that the complaint will be logged, but attention will be solely focused on resolving the problem and no formal procedure will be carried out.  If you have not reported your complaint in person or by phone, it has been assumed that you wish your complaint to be managed formally. | |

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| Please tell us about any special or communication needs you have where you will need particular assistance in discussing your complaint with us (such as language issues or physical or other issues)? |

I believe the information I have given on this Complaints Form to be true and accurate

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| SIGNED (COMPLAINANT) |  |
| DATE OF SIGNING |  |

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| My complaint was reported: | 󠄀 by me coming to the BCHS office  󠄀 on the phone  󠄀 by email  󠄀 using the online form on the co-op website  󠄀 by letter  (please tick one box) |

For co-op use only:

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| Name of the co-op representative who received the complaint | | | |
| NAME OF REPRESENTATIVE |  | | |
| REPRESENTATIVE ROLE |  | | |
| DATE COMPLAINT RECEIVED |  | COMPLAINT  REFERENCE |  |

The completed Complaints Form should be scanned and logged

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| We ask the following questions so that we can monitor whether there are any particular groups of people we are not treating fairly | |
| To which of these groups do you consider you belong?  White  British  Irish  Any other White background (please tick & write in)  Mixed  White and Black Caribbean  White and Black African  White and Asian  Any other mixed background (please tick and write in)  Asian or Asian British  Indian  Pakistani  Bangladeshi  Any other Asian background (please tick and write in)  Black or Black British  Caribbean  African  Any other Black background (please tick and write in) Chinese Other (please tick and write in)  Prefer not to say | **PLEASE TICK ONE BOX ONLY🗸**  󠄀  󠄀  󠄀 …………………………………………….. 󠄀  󠄀  󠄀  󠄀  󠄀 ……………………………………………..  󠄀  󠄀  󠄀  󠄀 ……………………………………………..  󠄀  󠄀  󠄀 ……………………………………………..  󠄀  󠄀 ……………………………………………..  󠄀 |
| Are you:  Male  Female  Transgender | **PLEASE TICK ONE BOX ONLY🗸**  󠄀  󠄀  󠄀 |
| Are you:  Heterosexual  Bisexual  Homosexual  Other (please tick and write in)  Prefer not to say | **PLEASE TICK ONE BOX ONLY🗸**  󠄀  󠄀  󠄀  󠄀 …………………………………………….. 󠄀  󠄀 |
| How old are you?  16-24  25-34  35-44  45-54  55-64  65-74  75+  Prefer not to say | **PLEASE TICK ONE BOX ONLY🗸**  󠄀  󠄀  󠄀  󠄀  󠄀  󠄀  󠄀  󠄀 |