

Customer Feedback Form



If you require assistance in understanding or completing any part of this form, or require it in any other format or language please do not hesitate to contact us on 0800 833160.

1. **Name**

2. **Address**

3. **Telephone Number:**

4. **E-mail Address:**

5. **Is your feedback a...**

Complaint

Comment

Compliment

6. **If this is a complaint, is this the first time you have contacted us about it?**

Yes

No

7. **If no, please give details of which department or member of staff you spoke to:**

8. **Please specify which service area your feedback refers to:**

Asset Management (*planning future programmes of works*)

Responsive Repairs

Gas Servicing

Programme Delivery (*delivering programmes of works*)

Neighbourhood Services (*Tenancy Management, Caretaking, Anti-social Behaviour*)

SMAART

Customer Services (*Reporting a repair, Re-housing*)

Resident Involvement

Revenue Services (*Income Management, Leaseholder Services*)

Service Improvement (*Equality and Diversity, Satisfaction Surveys*)

Corporate Services (*Communication and Media, Governance, Finance*)

Supported Housing (*Sheltered Housing, Hostels, Careline*)

