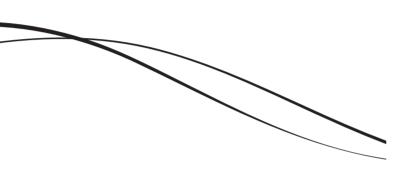
### Please send your completed form to:

Strategy, Change and Improvement Municipal Offices Town Hall Square Grimsby North East Lincolnshire DN31 1HU



### Thank you for your feedback

Details of the issues you have raised, along with your name and address is stored by us in a secure data base and is used to only respond to your query, to address the issue you have raised, and for improving our services. Unless you have agreed otherwise, the information you supply will not be used for any other purpose. We may contact you on rare occasions to ask for feedback on the service. We may also produce reports on the use of the service to enable us to monitor and develop it. These reports will be based on anonymous data and no individuals will be identified.

# Say It!!



## Tell us what you think

### **Compliments, Complaints, Suggestions Form**

Please indicate	the type of feed	back you a	re providi	ng	
Compliment _	Complai	nt 🗌	Suggest	tion	
Would you like h	nelp with your co	mplaint?	Yes 🗌	No 🗌	
How would you	prefer to be con	tacted			
Phone	Email	Post			
Name:					
Date:					
Address:					
Tel:					
Email:					
Please provide us with details of your compliment/complaint/suggestion.					

	Equal Opportunities Monitoring.		
	The council is committed to ensuring that no-one is treated less favourably, on the grounds of ethnic origin,		
	age, gender or disability. The information you supply will help us to ensure we reach all communities and deliver		
	fair services to everyone. You do not have to complete this		
	form, but it would help us if you do. All information will be held in accordance with the Data Protection Act.		
	*please specify if you wish		
	Gender		
	Male Female Transgender		
	Do you have a disability?		
	Yes No No		
	How do you describe your ethnic origin?		
	White		
	Mixed/Multiple Ethnic		
Address this feedback relates to, if applicable.	Asian/Asian British		
	Black/African/Caribbean/Black British		
	Other ethnic group		
	Please provide further details regarding your specific ethnic origin		
Desired Outcome:	Tick the age group you belong to		
	9 or under 10-14 15-19 20-29		
	30-44 45-59 60-64 65 and over		
	Prefer not to say		