

**Derry City & Strabane
District Council**

Comments, Compliments or Complaints Form



**Derry City & Strabane
District Council**

Comhairle
**Chathair Dhoire &
Cheantar an tSratha Báin**

**Derry Citty & Stràbane
Destrìck Cooncil**



www.derrystrabane.com

Are you making

A comment?

A compliment?

A complaint?

(Please tick)

Your Details

Title: First Name

Surname:

Organisation (if applicable):

Address:

Postcode:

Phone No: Mobile No:

Email: Date:

If you are making a complaint have you contacted us before?

No Yes

If you know who dealt with your complaint, please write his or her name here: If you were not

satisfied with how your complaint was handled, please tell us

why:

If you are writing on behalf of another person, please provide their details below.

Title: First Name

Surname:

Organisation (if applicable):

Address:

Postcode:

Phone No: Mobile No:

Email:

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What would you like us to do?

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We will use the information in this form to deal with your complaint and also help us improve our services.

By answering the following questions you will help us make sure we give a good and fair service to everyone. We will keep this information confidential.

If you would prefer not to fill in this section, please tick

1. Gender: Male Female

2. Family Status: No caring responsibilities

Care for children Care for other relative

Other (Please specify)

3. Marital Status:

Married Single Divorced/Separated

Widowed Partner Civil Partnership

Other (Please specify)

4. Ethnic Origin/Race:

Bangladeshi Black African Black Caribbean

Chinese Indian Irish Traveller Pakistani

White Mixed Ethnic Group

Other (Please specify)

Nationality (Please specify)

5. Do you have a disability: Yes No

6. Which category best describes your age?

Under 16 16-25 26 -64 65 +

We may wish to contact you to get more sensitive equality monitoring information. This information will be treated with the strictest of confidence and will only be accessible to the Policy Officer (Equality). If you are willing to be contacted please tick this box



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This form is available on line at:
www.derrystrabane.com/council/customer-service

Please send completed forms to:

Customer Feedback
Derry City and Strabane District Council
98 Strand Road
Derry
BT48 7NN

e-mail: customerfeedback@derrystrabane.com

This information is available upon request in a number of formats including large print, Braille, PDF, audio formats (CD, MP3, DAISY) and other minority languages.

For further information on alternative formats please contact

tel: 028 71 253 253

text phone: 028 71 376 646 or

e-mail: equality@derrystrabane.com

www.derrystrabane.com

