



# Customer Complaints

Amber Valley Borough Council is committed to making a difference for Amber Valley. This includes a commitment to listen to, consult with, act on feedback and involve our communities in our services and decisions.

If you are unhappy with any aspect of our service please let us know. We know we do not always get it right but we cannot do anything about it if we are not aware there is a problem in the first place. When things go wrong we want to know so that we can use the information to put things right.

If you wish to make a complaint please fill in the form below. The information you provide will only be used to investigate your complaint.

<b>Title:</b>			
<b>First name(s):</b>			
<b>Surname:</b>			
<b>Address:</b>			
<b>Work telephone number:</b>			
<b>Home telephone number:</b>			
<b>Mobile telephone number:</b>			
<b>Email address:</b>			
<b>How do you prefer to be contacted?</b>	Telephone <input type="checkbox"/>	Email <input type="checkbox"/>	Letter <input type="checkbox"/>

**What is your complaint?**

**Do you consider your complaint to be related to any of the following?**

Race: Yes  No

Religion/belief: Yes  No

Sexual orientation: Yes  No

Disability: Yes  No

Gender: Yes  No

Age: Yes  No

**Did you speak to a member of staff first about your complaint?**

Yes  No  If yes, who did you speak to:



# About You

Amber Valley Borough Council is committed to ensuring our services are accessible and designed to meet the diverse needs of Amber Valley communities. By completing this section you are helping us make sure we are meeting this commitment. You do not have to give this information if you do not wish to.

## Gender

Male

Female

## Ethnicity

White British

White Other

If other, please specify:

Gypsy or Irish Traveller

Mixed

Asian or Asian British

Black or Black British

Chinese

Other ethnic group

If other, please specify:

## Age

16 to 17 years

18 to 24 years

25 to 34 years

35 to 44 years

45 to 54 years

55 to 59 years

60 to 64 years

65 to 74 years

75 years or over

## Sexual orientation

Heterosexual

Gay

Lesbian

Bisexual

Other

If other, please specify:

## Religion/belief

Buddhist

Christian

Hindu

Jewish

Muslim

Sikh

No religion

Other

If other, please specify:

## Disability

Under the Disability Discrimination Act a disabled person is someone who has a physical or mental impairment which has a substantial and long term adverse effect on their ability to carry out normal day to day activities.

Disability: Yes

Disability: No

Is there anything else about you that you would like us to know that might help us ensure our services are accessible and meet the diverse needs of Amber Valley Communities?

**In compliance with the Data Protection Act,  
all information you give will be strictly confidential.**

