

Feedback

A record of your complaint

Please use the form below to record the complaint you would like us to investigate.

For details of what you can expect from our complaints service, you should refer to our service promise, which you will find set out in our complaints and compensation leaflet, in our service charter and on our website at www.shgroup.org.uk

Name/s

Address

How would you prefer us to contact you? (Please tick one box)

Phone Letter Email Fax Other Please specify _____

Contact no.

Alternative no.

Fax no.

Email address:

If you are authorising someone to act on your behalf, give details below.

Name

Relationship to you

Address

Contact number

Tell us about your complaint (use a separate sheet if necessary). Remember to include dates, times, names and any other relevant information.

What action would you like us to take to help resolve your complaint?

To be completed where there is damage to personal belongings

Please give us details of any damaged items, how they were damaged and any relevant dates and times. Attach any receipts or photos.

Item	Date of purchase	Price paid	Receipt or photo included?

Notwithstanding your legal rights, we recommend you make a claim for any damaged household items against your own contents insurance policy. If you do this, you will benefit from 'new for old' cover, whereas we can only agree a settlement figure after considering wear and tear and the age and condition of the items you are claiming for.

To be completed where there has been an accident or someone has been injured

Please give us details of any accident or injuries, how they were caused and any relevant dates and times. Attach any signed statements from witnesses and any supporting medical reports.

Date	Details of accident or injury

How much compensation do you wish to claim?

Have you claimed for any damages from an insurance company? (Please tick) Yes No

If yes, please give tell us what you have claimed for, the amounts involved and the company you have claimed from.

About you and your household

The following questions are designed to help us check that we are involving a wide range of people in our work to improve services. We will treat this information as confidential.

What is your ethnic origin? (Please tick the correct box)

White British <input type="checkbox"/> 1 Irish <input type="checkbox"/> 2 Turkish <input type="checkbox"/> 3 Any other white background <input type="checkbox"/> 4	Black or black British Caribbean <input type="checkbox"/> 10 African <input type="checkbox"/> 11 Any other black background <input type="checkbox"/> 12
Mixed White and black Caribbean <input type="checkbox"/> 5 White and black African <input type="checkbox"/> 6 White and Asian <input type="checkbox"/> 7 Any other mixed background <input type="checkbox"/> 8	Asian or Asian British Indian <input type="checkbox"/> 13 Pakistani <input type="checkbox"/> 14 Bangladeshi <input type="checkbox"/> 15 Any other Asian background <input type="checkbox"/> 16
Chinese Chinese <input type="checkbox"/> 9	Other Other <input type="checkbox"/> 17 Please specify _____

Have you a disability that limits your activity in any way?

Yes No Prefer not to answer