



Equal Opportunities Monitoring

We need to know if we are giving as good a service as we can to all complainants. To help us do this, please fill in this form and send it back with your Compliments and Complaints form. Your Equal Opportunities form will be filed separately. The information you provide will be kept confidential and only used for monitoring purposes. It will have no bearing on the investigation of your complaint.

Please note ethnic groups are not about nationality or place of birth. They are about colour and cultural backgrounds.

Sex: Male Female

Disability: Do you have a disability? Yes No

If yes, what type of disability do you have?

- | | |
|--|--|
| <input type="checkbox"/> Difficulty getting around | <input type="checkbox"/> Hearing difficulty |
| <input type="checkbox"/> Difficulty in seeing | <input type="checkbox"/> Learning difficulty |
| <input type="checkbox"/> Mental health problems | <input type="checkbox"/> Other |

Age:

- | | | |
|-----------------------------------|--------------------------------|-------------------------------------|
| <input type="checkbox"/> Under 16 | <input type="checkbox"/> 16-19 | <input type="checkbox"/> 20-24 |
| <input type="checkbox"/> 25-59 | <input type="checkbox"/> 60-64 | <input type="checkbox"/> 65 or over |

Ethnic group:

Please choose ONE section from A, B, C, D, E or F then tick to indicate your background.

A. White British

- English Scottish Welsh Irish
 Other (*please write in*) _____

B. Mixed

- White and black Caribbean White and black Asian
 White and Asian Other (*please write in*)
-

C. Asian, Asian British, Asian English, Asian Scottish, Asian Welsh

- Bangladeshi Indian Pakistani
 Other (*please write in*) _____

D. Black, black British, black English, black Scottish, black Welsh

- Caribbean African
 Other (*please write in*) _____

E. Chinese, Chinese British, Chinese English, Chinese Scottish, Chinese Welsh

- Chinese Other (*please write in*)
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F. Other ethnic group (*please write in*)
