

# Making a complaint

Date: \_\_\_\_\_

Please use this form to tell us about your complaint. A freepost envelope can be provided, or you could hand in your form at your local Neighbourhood Office. Alternatively, you can make your complaint by phone **01744 63 73 83**, email **complaints@helenapartnerships.co.uk**, or in person at your local Neighbourhood Office.

If you need help completing this form, please speak with a member of staff or call **01744 63 73 83**.

## 1. Please tell us how and when we may contact you

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone no: \_\_\_\_\_ Email: \_\_\_\_\_

What is the best way for us to contact you so that we can discuss your complaint?  
(please tick one of the following)

☐ In person

☐ By phone

☐ By email

What is the best time of day for us to contact you? (please tick one of the following)

☐ Morning

☐ Afternoon

☐ Any

☐ Other

Is this the first time you have made a formal complaint about this issue? ☐ Yes ☐ No

If yes, when? \_\_\_\_\_

## 2. Tell us about your complaint

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Please continue on a separate sheet of paper if necessary

## 3. What would you like us to do to put things right?

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Please continue on a separate sheet of paper if necessary

## 4. When can I expect a reply?

- We will write to tell you that we have received your complaint within 2 working days (or email you within 4 working hours if the complaint is emailed to us).
- We will write to you with our findings within a further 5 working days. If we are unable to reply in full within 5 working days we will try our best to keep in touch with you.
- If you are unhappy with our response you can appeal against our decision. You can find out how to do this by reading our complaints leaflet.

## 5. Background Information

We want to make sure that you and all our other customers are treated fairly. **You do not have to provide the following information**, but doing so will help us to ensure our complaints service is available to all.

1. Are you ☐ Male ☐ Female

2. What is your age?

<input type="checkbox"/> 16-24	<input type="checkbox"/> 25-34	<input type="checkbox"/> 35-44	<input type="checkbox"/> 45-54
<input type="checkbox"/> 55-59	<input type="checkbox"/> 60-64	<input type="checkbox"/> 65-74	<input type="checkbox"/> 75-84
<input type="checkbox"/> 85+	<input type="checkbox"/> Prefer not to say		

3. To which of these groups do you belong?

<input type="checkbox"/> British	<input type="checkbox"/> Irish	<input type="checkbox"/> White other
<input type="checkbox"/> White & Black Caribbean	<input type="checkbox"/> White & Black African	<input type="checkbox"/> White & Black Asian
<input type="checkbox"/> Other Mixed	<input type="checkbox"/> Indian	<input type="checkbox"/> Pakistani
<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Caribbean
<input type="checkbox"/> African	<input type="checkbox"/> Other Black	<input type="checkbox"/> Chinese
<input type="checkbox"/> Other Chinese	<input type="checkbox"/> Gypsy/Romany	
<input type="checkbox"/> Prefer not to say	<input type="checkbox"/> Irish Traveller	

4. Do you have a long-term illness, health problems or disability which limits your daily activities?

☐ Yes ☐ No ☐ Prefer not to say

5. What is the nature of your disability?

<input type="checkbox"/> Hearing disability	<input type="checkbox"/> Mobility	<input type="checkbox"/> Sight impaired
<input type="checkbox"/> Learning disability	<input type="checkbox"/> Mental health disability	<input type="checkbox"/> Wheelchair user
<input type="checkbox"/> Other (please specify)	<hr/>	

6. How would you describe your sexual orientation?

<input type="checkbox"/> Heterosexual	<input type="checkbox"/> Gay man	<input type="checkbox"/> Gay woman
<input type="checkbox"/> Bisexual	<input type="checkbox"/> Other	<input type="checkbox"/> Prefer not to say

7. What is your religion?

<input type="checkbox"/> None	<input type="checkbox"/> Christian (all denominations)	<input type="checkbox"/> Buddhist
<input type="checkbox"/> Hindu	<input type="checkbox"/> Jewish	<input type="checkbox"/> Muslim
<input type="checkbox"/> Sikh	<input type="checkbox"/> Any other religion	<input type="checkbox"/> Prefer not to say

## For Official Use Only

Date received

By phone: 01744 63 73 83

By email: [onecall@helenapartnerships.co.uk](mailto:onecall@helenapartnerships.co.uk)

By post: Helena Partnerships, Alexandra Park,  
Prescot Road, St Helens, WA10 3TT

[www.helenapartnerships.co.uk](http://www.helenapartnerships.co.uk)

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