

The customer services officer  
who dealt with you today was:

## Win £50 by giving us your views

We enter all views, whether good or bad, into a monthly draw for £50. You do not have to give us your name and address but we need to be able to contact you if you win the £50.

Date \_\_\_\_\_ Your name \_\_\_\_\_

Your address \_\_\_\_\_

Mobile phone number \_\_\_\_\_ Email address \_\_\_\_\_

**1 How would you rate the helpfulness of the member of staff who dealt with you?**

Excellent  Good  Average  Poor  Unacceptable

**2 How clear was the information and advice you received?**

Excellent  Good  Average  Poor  Unacceptable

**3 Overall, how would you rate the quality of the service that you received at our centre today?**

Excellent  Good  Average  Poor  Unacceptable

**4 If you have ticked 'Poor' or 'Unacceptable' to any of the above, please tell us why.**

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**5 Were you able to access the service without difficulty? Yes  No**   
If you have answered 'No', please say why.

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**6 Were you treated with respect during your enquiry? Yes  No**   
If you have answered 'No', please say why.

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**7 Was your enquiry resolved today? Yes  No**   
If you have answered 'No', please say why.

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**8 Is there anything further you want to add or any member of staff you would like to make a comment about?**

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**9 Did you find the time you had to wait today acceptable? Yes  No**

To make sure that all our services are fair and meet everyone's needs we are asking you the following questions. We will keep the information you give us confidential. We will use your answers to check that the services you receive are fair. We will share this information with Education Leeds and the housing ALMOs (arms length management organisations). They will use this information in the same way as we do. **You do not have to answer these questions. If you choose not to, please let us know by ticking the 'Do not want to say' boxes. It won't make any difference to the service you receive.**

**Are you:** male?  female?  Do not want to say

**How old are you?**

Under 18  18 to 25  26 to 45  46 to 59  60 and over  Do not want to say

**Are you disabled?** Yes  No  Do not want to say

If you are disabled, what type of disability do you have?

- A physical disability** (such as using a wheelchair to get around or difficulty using your arms)
- A disability that affects your senses** (such as being blind or being deaf)
- A mental health condition** (such as depression or schizophrenia)
- A learning disability** (such as Down's syndrome or dyslexia) or a cognitive impairment (such as autism or a head injury)
- A long term illness or health condition** (such as cancer, HIV, diabetes, chronic heart disease or epilepsy)

<b>Ethnic background</b> (Please choose one section from A to E, and then tick the appropriate box.)		
<b>A White</b>  British <input type="checkbox"/> Irish <input type="checkbox"/> Any other white background (Please write below) .....  	<b>B Mixed</b>  White and black <input type="checkbox"/> Caribbean <input type="checkbox"/> White and black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other mixed background (Please write below) .....  	<b>C Asian or Asian British</b>  Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Kashmiri <input type="checkbox"/> Any other Asian background (Please write below) .....  
<b>D Black or black British</b>  Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other black background (Please write below) .....  	<b>E Other ethnic groups</b>  Chinese <input type="checkbox"/> Gypsy or Traveller <input type="checkbox"/> Any other background (Please write below) .....  	<b>F</b>  Do not want to say <input type="checkbox"/>  

<b>Please tick the box that describes your religion or belief.</b>			
Buddhist <input type="checkbox"/> Christian <input type="checkbox"/>	Hindu <input type="checkbox"/> Jewish <input type="checkbox"/>	Muslim <input type="checkbox"/> Sikh <input type="checkbox"/>	No religion <input type="checkbox"/> Other (please say) <input type="checkbox"/> ..... Do not want to say <input type="checkbox"/>

<b>Please tick the box that describes your sexuality.</b>			
Heterosexual (straight) <input type="checkbox"/>	Lesbian <input type="checkbox"/>	Gay man <input type="checkbox"/>	Bisexual <input type="checkbox"/> Do not want to say <input type="checkbox"/>

**Please put your filled-in form in our postbox or post it back to us.  
 Pudsey One Stop Centre, Town Hall, Robin Lane, Pudsey, Leeds, LS28 7BL**