

| <b>COMPLAINTS FORM<br/>AND CONFIDENTIAL QUESTIONNAIRE</b>  |                                     |
|--|-------------------------------------|
| <b>FOR OFFICE USE ONLY</b>   | <b>Complaint Number</b> _____       |
| <p>If you have a complaint or enquiry about any aspect of the service provided by Karin, which has not been resolved, it would help us if you use this form to make your complaint, but please write a letter, or telephone, if you prefer. Send your complaint, with any supporting documents to:</p> <p><b>Complaints<br/>Karin Housing Association<br/>124 Cavell Street<br/>London, E1 2JA</b></p> |                                     |
| <b>1.</b>  | <b>My Surname</b>                   |
| <b>2.</b>  | <b>My Forename(s)</b>               |
| <b>3.</b>  | <b>My Address</b>                   |
| <b>4.</b>  | <b>My Day Time Telephone Number</b> |
| <b>5.</b>  | <b>My Complaint is:</b>             |

|                                       |   |
|---------------------------------------|---|
|                                       |   |
| <b>6</b>                              | <b>The actions I have taken so far to resolve this matter, and the people I have spoken to are:</b> |
| <b>7</b>                              | <b>I would like Karin to take the following action to resolve my complaint:</b>                     |
| <b>Signed</b> _____ <b>Date</b> _____ |   |

**Confidential Questionnaire on Equal Opportunities**

Karin is opposed to any form of discrimination. We want to know if anyone is suffering any prejudice because of their race, colour, sex, disability, household or age.

You do not have to fill in this questionnaire but it will help us to see if we are achieving these aims and to help improve our services to you.

Your answers will be kept separate from your application and will be completely confidential. We will use them for statistical purposes only.

I would describe myself as the following ( tick one box only)

White  British  Irish

Other  (please give details) \_\_\_\_\_

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Mixed  White and Black Caribbean  White and Black African  White and Asian

Other (please give details)  \_\_\_\_\_

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Asian or Asian British  Indian  Pakistani  Bangladeshi

Other (please give details)  \_\_\_\_\_

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Black or Black British  Caribbean  African

Other (please give details)  \_\_\_\_\_

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Chinese  Other (please give details)  \_\_\_\_\_

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I do not want to answer

**Board Policy Document No. 2012/2.8**

My colour is: Black  White

Other (please give details)  \_\_\_\_\_

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I am: Female  Male

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I consider myself to be disabled or have disabilities. Yes  No

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My household is:

A couple  A couple with a child or children

A single person  A single person with a child or children

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My age is:

16 to 25  26 to 40  41 to 60  61 to 75  over 75

**Thank you for your help**