

(Please complete this form and return to Race Council Cymru)

Concern/Complaint Form

A: Your details

Surname	Forename(s)	Title: Mr/Mrs/Miss/Ms if other please state: /
Address and postcode:		
Your email address:		
Daytime contact number:		
Mobile number:		

Please state by which of the above methods you would prefer us to contact you

The person who experienced the problem should normally fill in this form. **If you are filling this in on behalf of someone else, please fill in section B.** Please note that before taking forward the complaint we will need to satisfy ourselves that you have the authority to act on behalf of the person concerned.

B: Making a complaint on behalf of someone else: Their details

Their name in full:	
Address & postcode:	
What is your relationship to them?	
Why are you making a complaint on their behalf?	

C: About your concern/complaint (Please continue your answers to the following questions on a separate sheet(s) if necessary)

C.1 Name of the person/s or service you are complaining about (Please state which region in Wales the Person or service is based where possible):

C.2 What do you think the person/ or service failed to do/ or did in the wrong way?

C.3 Describe how you or your organisation has been affected.

C.4 What do you think should be done to put things right?

C.5 When did you first become aware of the problem?

C.6 Have you already put your concern to the staff responsible for delivering the service or person you are complaining against in the first instance? If so, please give brief details of how and when you did so.

C.7 If it is more than 6 months since you became first aware of the problem, please give the reason why you have not complained before now.

If you have any documents to support your concern/complaint, please attach them with this form and send back by recorded delivery mail to the address below.

Signature: / Llofnod:

Date: / Dyddiad:

When you have completed this form, please address it as follows send it to:

**Complaints Officer
Race Council Cymru
GRAND Multicultural HUB
1st Floor Arts Wing - Swansea Grand Theatre
Singleton Street
Swansea SA1 3QJ**

Email: complaints@racecouncilcymru.org.uk

Thank you for completing our complaints form. We will do our very best to resolve your complaint in a fair and equitable manner.

Complaints - Equalities Monitoring Form (Voluntary)

This section will be removed before the complaint is passed to the Complaints Officer for processing. The contents of the form will be entered as anonymous information on a monitoring system and the original form will then be destroyed.

Race Council Cymru is committed to promoting equality and fairness and wants to make sure that the services provided meet the needs of individuals in our community. To help us monitor the effectiveness of our services it would be helpful if you could provide the following information. You can fill in as little or as much of this form as you want.

Any data supplied by you on this form will be processed in accordance with Data Protection Act requirements and in supplying it you consent to Race Council Cymru processing the data for the purpose for which it is supplied. All personal information will be treated in the strictest confidence and will only be used by Race Council Cymru or disclosed to others for a purpose permitted by law.

Age											
16-24	<input type="checkbox"/>	25-34	<input type="checkbox"/>	35-44	<input type="checkbox"/>	45-54	<input type="checkbox"/>	55-64	<input type="checkbox"/>	65+	<input type="checkbox"/>
Prefer not to say		<input type="checkbox"/>									

Gender					
Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

Sexual Orientation	
Please self-identify your sexual orientation	_____
Prefer not to say	<input type="checkbox"/>

Gender Re-assignment	
Do you identify as transgender or formerly transgender	_____
Prefer not to say	<input type="checkbox"/>

Disabled

Do you consider yourself to be disabled?

Yes No

If 'yes' please give details if you wish

Prefer not to say

Do you require any support or adjustments to enable you to make your complaint?

Yes No

Please give details

Ethnicity

Please self-define your ethnicity _____

Prefer not to say

Marital Status

How would you describe your marital status?

Single Married Divorced Separated

Widowed Same Sex Civil Partnership

Prefer not to say

Carers

Do you provide unpaid care to family members, friends, neighbours or others because of long-term ill health or disability or problems related to old age?

Yes No

Religion

Please state your religion _____

Prefer not to say

Thank you for completing this section of the form.