



COMPLAINT FORM

Please fill in this form if you wish to make a complaint about the service you have received from Tarka Housing. Return the completed form to us at the address on page 3. If you prefer, you may telephone us with the complaint or call in to the office where the Complaints Officer will be pleased to assist you with the completion of this form if you wish.

Full name in block capitals: _____ Mr/Mrs/Ms/Miss

Address: _____

Telephone Home: _____ Work: _____

Email: _____

Relationship to Tarka Housing (Please tick box):

Tenant Applicant Shared Owner Owner Other

What is your complaint?

(Please give as much information as possible – including dates.
You may refer to previous letters.)

Please continue over ➤

What is your complaint? – *please continue*

(Please continue on a separate sheet if necessary. You may also wish to enclose relevant documents).

Have you notified anyone at Tarka about this complaint – if so who?

What practical steps can Tarka take to resolve your complaint?

Do you wish this matter to be investigated without revealing your name? Yes No
(The Complaints Officer will advise if at any stage it is not possible to guarantee anonymity)



PLEASE RETURN TO YOUR NEAREST OFFICE:

Head Office:

Tarka Housing Ltd, Gammaton Road, East the Water, Bideford EX39 4FG
Telephone: 01237 428080

www.tarkahousing.org.uk

Email: info@tarkahousing.org.uk

If you or someone you know, would like this document on audio tape, in large print, in Braille, or translated into another language, please contact our Communications Manager on 01237 428080.



Diversity Monitoring Form

How would you describe your ethnic origin?

Tick the appropriate box to indicate your cultural background.

White

British

Irish

Any other White background, please write in _____

Mixed

White & Black Caribbean

White & Black African

White & Asian

Any other Mixed background, please write in _____

Asian or Asian British

Indian

Pakistani

Bangladeshi

Any other Asian background, please write in _____

Black or Black British

Caribbean

African

Any other Black background, please write in _____

Chinese or other Ethnic group

Chinese Any other Asian background, please write in _____

Prefer not to state

Gender

Male

Female

Have you ever identified as transgender?

Yes

No

Prefer not to state

So we can tailor our services to your needs, please complete this page. Your information will be held in confidence.

Sexual Orientation

Bisexual

Gay woman/lesbian

Gay man

Heterosexual

Prefer not to state

Disability

Do you have any long standing illness, disability or infirmity?

Yes

No

Prefer not to state

If yes, please describe the disability: _____

Please tell us about any reasonable adjustments you may require: _____

Age

16-24

25-34

35-44

45-54

55-59

60-64

65-74

75+

Prefer not to state

Religion/Belief

Atheist

Buddhist

Christian

Hindu

Jewish

Muslim

Sikh

No Religion

Other _____

Prefer not to state