

It would assist us if you could complete this form to make your complaint. If you prefer you can make a complaint by e-mail, in person, by phone, by letter, or by using our online complaints form at: [www.torbay.gov.uk/complaints](http://www.torbay.gov.uk/complaints)

<b>Title</b>	<input type="text"/>
<b>First name</b>	<input type="text"/>
<b>Surname</b>	<input type="text"/>
<b>Address</b>	<input type="text"/>
<b>Postcode</b>	<input type="text"/>
<b>Contact No</b>	<input type="text"/>
<b>E-mail</b>	<input type="text"/>
<b>Date</b>	<input type="text" value="/ / 20"/>

**Which service area/department is your complaint about?**

Don't worry if you are unsure, the Information Compliance Team will allocate the complaint to the correct area.

**Please give details of your complaint (please add additional pages if required)**

**Data Privacy Statement**

The information you provide on this form will be used to provide you with a response in relation to your complaint, and may be disclosed to other departments within the Council in order to help us process your complaint. The information you provide will be processed in accordance with the Data Protection Act, 1998, and, in particular, will be retained for as long as necessary for us to process your query, as well as in line with applicable legislation and our own retention policy. By completing this form, you acknowledge that you have read and understand this Data Privacy statement, and that you agree that Torbay Council may process personal data relating to you for the purposes detailed above, and in accordance with the relevant legislation. If you wish to access your personal information at any time please contact the Information Compliance Team on 01803 207467.

■ **Have you complained about this issue before?** Yes  No  ■  
If yes, please give details below e.g how long ago?

**What would you like us to do to put things right?**

**How would you like to receive your response?** (Please cross (X) all that apply)

Letter  E-mail  Telephone  Face to Face  Other

If other, please specify below.

**If you have any special requirements that would help you understand our response, for example if English is not your first language or if you have a disability, please let us know how we might help you below.**

**About You**

These questions help us to understand the views of different groups of people. Please only complete about yourself.

**Are you?** Male  Female

**Which of the following age groups apply to you?** (Please cross (X) one box only)

0-15  16-24  25-34  35-44  45-54  55-64  65-74  75+

**What is your ethnic origin?** (Please cross (X) one box only)

**White**  British  Irish  White other   
**Mixed**  White & Black Caribbean  White & Black African  White & Asian   
**Asian or Asian British**  Indian  Pakistani  Bangladeshi   
**Black or Black British**  Caribbean  African   
**Chinese / Other**  Chinese  Other (please state below)

**Any other Ethnic Group**

**Do you consider yourself to be disabled in any way?** Yes  No

If yes, please tell us how it affects you

it affects my mobility	<input type="checkbox"/>
it affects my hearing	<input type="checkbox"/>
It affects my vision	<input type="checkbox"/>
It affects me in another way (please state below)	<input type="checkbox"/>

**Thank you for your comments, please return your completed form to:**  
The service area concerned (if known) or to Information Compliance Team,  
Torbay Council, Town Hall, Torquay, TQ1 3DR