



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 call  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.

Are you?  Male  Female

Which of the following age groups apply to you?

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

What is your ethnic origin?

White  British  Irish  
Mixed  White & Black Caribbean  White & Black African  White & Asian  
Asian or Asian British  Indian  Pakistani  Bangladeshi  
Black or Black British  Caribbean  African  
Chinese  Chinese  
Any other Ethnic Group

And finally, 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   
it affects my hearing   
It affects my vision   
It affects me in another way (please state below)

Thank you for your comments, please return your completed form to:

Feedback Manager, Torbay Council, Town Hall  
Torquay, TQ2 5TF

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