

BANCROFT

TENANT MANAGEMENT CO-OPERATIVE

COMPLAINTS FORM

1. PERSONAL DETAILS:

Name:	
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Address:	
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Tel No:	
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Mobile No:	
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2. I WANT TO COMPLAIN ABOUT:

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3. IF YOU HAVE ALREADY SPOKEN TO THE TMC ABOUT THIS, WHO DID YOU SPEAK TO AND WHEN WAS IT?

4. WHAT DO YOU THINK THE TMC SHOULD DO ABOUT THIS COMPLAINT?

PRINT NAME:	
SIGNATURE:	
DATE:	

Please return the completed form to: Bancroft TMC, 12 Wickford Street, London E1 5QN,
Email: enquiries@bancrofttmc.org.uk

EQUAL OPPORTUNITIES

Bancroft Tenant Management Co-Operative is committed to providing good quality services to all residents. We will ensure that everyone is treated in a fair and equitable way and that no particular groups receive poor service. To help us achieve this we ask your co-operation in giving us the following details. This information will be kept confidential and only used for monitoring and statistical purposes. If you do not wish to give this information it will not affect how your complaint is investigated.

The questions below are optional – you can choose to tell us but there is no obligation.

5. ARE YOU

- Male Female Other gender identity

6. ETHNICITY

Please tick the description below that best applies to you

Asian or Asian British:

- Bangladeshi
 Chinese
 Indian
 Vietnamese
 Pakistani
 Other Asian
-

Black or Black British:

- African
 Caribbean
 Other African
 Other Black
 Somali
-

- Prefer not to say**

Dual:

- Asian and White
 African and White
 Caribbean and White
 Other
-

White:

- British
 Irish
 Any Other White Background
-

- Any other Ethnic Group**

Please tell us your ethnicity:

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OFFICE USE ONLY

Serial no:			
Received by:		Date:	
Referred to:		Date:	