

TENANT MANAGEMENT CO-OPERATIVE

COMPLIMENT FORM

2. Do you wish to remain anonymous? Yes No					
If no, please complete your details below.					
Name:					
Turne.					
Address:					
Tel No:					
Mobile No:					
Email:					
SIGNATURE: DATE:					

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

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.

3. ARE YOU ☐ Male	☐ Female	☐ Other gender identity			
4. ETHNICITY					
Please tick the description below that best applies to you					
Asian or Asiai	n British:	Dual:			
☐ Bangladesh	i	☐ Asian and White			
\square Chinese		☐ African and White			
☐ Indian		☐ Caribbean and White			
☐ Vietnamese		☐ Other			
☐ Pakistani					
☐ Other Asian		White:			
		☐ British			
		□ Irish			
Black or Black	k British:	☐ Any Other White Background			
☐ African					
☐ Caribbean					
☐ Other Africa	n	☐ Any other Ethnic Group			
☐ Other Black		Places tall us your othnicity			
☐ Somali		Please tell us your ethnicity:			
☐ Prefer not t	o sav				
	.o ouy				

OFFICE USE ONLY				
Serial no:				
Received by:	Date	e:		
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