

## TENANT MANAGEMENT CO-OPERATIVE

## **COMMENT FORM**

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

Please return the competed form to: Bancroft TMC, 12 Wickford Street, London E1 5QN, Email: <a href="mailto:enquiries@bancrofttmc.org.uk">enquiries@bancrofttmc.org.uk</a>

## **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 Asian	British:	Dual:				
☐ Bangladeshi		☐ Asian and White				
$\square$ Chinese		☐ African and White				
☐ Indian		☐ Caribbean and White				
$\ \square$ Vietnamese		☐ Other				
☐ Pakistani						
$\square$ Other Asian		White:				
		☐ British				
		 □ Irish				
Black or Black	British:	☐ Any Other White Background				
☐ African						
☐ Caribbean						
☐ Other African	1	$\square$ Any other Ethnic Group				
☐ Other Black		Places tall us your othnicity:				
☐ Somali		Please tell us your ethnicity:				
☐ Prefer not to	o say					

OFFICE USE ONLY					
Serial no:					
Received by:		Date:			
Referred to:		Date:			