COMPLAINTS FORM

Please fill in all the sections of the form in as much detail as possible. Our Customer Services staff or other members of staff can help you complete the form. Continue on a separate sheet if necessary and enclose any relevant documents, which you think would help the investigation. Please return this form via email to : complaints@hexagon.org.uk or in an envelope marked ‘COMPLAINT’ to: Customer Services, Hexagon Housing Association, 130-136 Sydenham Road, London SE26 5JY

|  |
| --- |
|   |

Your name

|  |
| --- |
|   |

Your address

Telephone: Home Mobile

|  |
| --- |
|   |

Email

What is your complaint about? Please provide the details here.

|  |
| --- |
|   |

|  |
| --- |
|   |

If this is not the first time you have reported the problem to Hexagon, who did you report it to (give name if possible)?

How would you like the matter resolved?

|  |
| --- |
|   |

|  |  |  |
| --- | --- | --- |
|   |  Date  |   |

Please sign here

To ensure everyone gets a fair response, we ask you the following:

|  |
| --- |
|   |

|  |
| --- |
|   |

* Are you: Male Female

* Age of Complainant:

|  |
| --- |
|   |

 Under 24 years

|  |
| --- |
|   |

 25-34 years

|  |
| --- |
|   |

 35-44 years

|  |
| --- |
|   |

45-54 years

|  |
| --- |
|   |

 55-59 years

|  |
| --- |
|   |

 60+

* Ethnic origin of complainant - tick one box

 White:

British

 Irish

 Other

 Mixed:

White and Black Caribbean

 White and Black African

 White and Asian

 Other

|  |
| --- |
|  |

 Asian or Asian British:

Indian

 Pakistani

 Bangladeshi

 Other

 Black or Black British:

 Caribbean

 African

 Other

 Chinese:

 Gypsy/Romany/Irish:

Other ethnic group:

 Do you consider yourself to have a disability? Yes No