

ABOUT YOU	
Your name:	
Your address:	
Postcode:	
Your telephone number:	Daytime:
	Evening:

ABOUT YOUR COMPLAINT	
Which service are you complaining about?	
What is your complaint? Why are you dissatisfied?	
What would be a satisfactory resolution?	
Have you already spoken to us about this	no <input type="checkbox"/> yes <input type="checkbox"/> Who? When? What did they do?

<p>Have you agreed for someone else to act for you?</p>	<p>no <input type="checkbox"/></p> <p>yes <input type="checkbox"/></p> <p>Their name:</p> <p>Their address:</p> <p>Their telephone no:</p> <p>Their organisation (if any):</p>
<p>Signed: <i>(complainant)</i></p>	
<p>Signed: <i>(person acting for complainant, if any)</i></p>	
<p>Signed: CSO (Verbal Complaint)</p> <p>Send copy to complainant</p>	
<p>Date:</p>	

Please return this form to your Local Housing Office or Customer Contact Centre (CCC).

You can also contact the CCC to log your complaint or for help with completing this form on **0300 123 9966**.

Community Housing
100 Chalk Farm Road
London NW1 8EH

Island Homes (Millwall Office)
Millwall Local Housing Office
12 The Quarterdeck
London E14 8SJ

Toynbee London & CCC
Suttons Wharf South
44 Palmers Road
London E2 0TA

Island Homes (Castalia Square)
Housing Office
17 Castalia Square
London E14 3PQ

Toynbee Berkshire
Sinclair House
Gardner Road
Maidenhead SL6 7PH

Equal Opportunities

It is the policy of One Housing Group to ensure that all residents are treated equally, regardless of their race, colour, national origins, sexuality or disability. To ensure this policy is carried out, and for no other reason, please can you fill out this section.

This section applies to the household as a whole

What is your main language?	
Can you speak English?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Can you read English?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you require any of the following: Small print	Yes <input type="checkbox"/> No <input type="checkbox"/> Large Print Yes <input type="checkbox"/> No <input type="checkbox"/>

Gender: (Male/Female)	Date of Birth:	Age:.....
What is your preferred method of communication?		
Telephone <input type="checkbox"/>	Text <input type="checkbox"/>	Letter Large Type <input type="checkbox"/> Letter Normal Type <input type="checkbox"/>
Letter Braille <input type="checkbox"/>	E-mail <input type="checkbox"/>	Home Visit <input type="checkbox"/>

The following section applies to the main tenant only

Religion	Buddhist <input type="checkbox"/> Christian <input type="checkbox"/> Hindu <input type="checkbox"/> Muslim <input type="checkbox"/> Sikh <input type="checkbox"/> None <input type="checkbox"/> Other <input type="checkbox"/> Refused <input type="checkbox"/>
Would you say that this is the religion of your household? Yes <input type="checkbox"/> No <input type="checkbox"/>	
What is your Nationality?	

ETHNIC ORIGINS

WHITE	BLACK OR BLACK BRITISH	ASIAN OR ASIAN BRITISH	MIXED	CHINESE OR OTHER ETHNIC GROUP
<input type="checkbox"/> UK White <input type="checkbox"/> Irish White <input type="checkbox"/> Turkish <input type="checkbox"/> Turkish Cypriot <input type="checkbox"/> Greek <input type="checkbox"/> Greek Cypriot <input type="checkbox"/> Kosovan <input type="checkbox"/> Eastern Europe <input type="checkbox"/> Kurdish Turkish <input type="checkbox"/> Other White <input type="checkbox"/> Gipsy <input type="checkbox"/> Romany <input type="checkbox"/> Irish Traveller	<input type="checkbox"/> Black African <input type="checkbox"/> Black Caribbean <input type="checkbox"/> Ethiopian <input type="checkbox"/> Somalian <input type="checkbox"/> Other Black	<input type="checkbox"/> Sri Lankan <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Pakistani <input type="checkbox"/> Indian <input type="checkbox"/> Other Asian	<input type="checkbox"/> White/Black Caribbean <input type="checkbox"/> White/Black African <input type="checkbox"/> White Asian <input type="checkbox"/> White Asian Bangladeshi <input type="checkbox"/> White Asian Indian <input type="checkbox"/> White Asian Pakistani <input type="checkbox"/> Other Mixed	<input type="checkbox"/> Chinese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Iranian <input type="checkbox"/> Iraqi (inc Iraqi Kurdish) <input type="checkbox"/> Iraqi other <input type="checkbox"/> Other

Do you or your have a disability?	Visual <input type="checkbox"/> Hearing <input type="checkbox"/> Mental <input type="checkbox"/> Mobility <input type="checkbox"/> Medical <input type="checkbox"/> Learning <input type="checkbox"/>
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Sexual Orientation	Bisexual <input type="checkbox"/> Heterosexual <input type="checkbox"/> Lesbian <input type="checkbox"/> Gay <input type="checkbox"/> Refused <input type="checkbox"/> Other <input type="checkbox"/>
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