



## Complaint form

Please complete this form if you wish to make a complaint about a service provided by Catalyst Housing.  
Please return this form to Catalyst Housing, Ealing Gateway, 26-30 Uxbridge Road, London W5 2AU

### Personal Details

Title  First name

Last name

Address

Home tel.

Work tel.

### What is your complaint about?

Please include any dates, times, places, or names of staff contacted.

What do you think we should do to put this right?

Signed

Date



## About you

Our aim is to provide its services equally to all. This form helps us monitor the extent to which we are achieving this. **Any information you give is strictly confidential.**

Which age group do you fall into?

16 - 24       25 - 44       45 - 59       60 or more

How would you describe your household?

Couple       Couple with children       Single adult       Single adult with children       Other

Does anyone in your household have a disability?

Yes       No

What is your gender?

### What is your ethnic origin?

White - British	<input type="checkbox"/>	Asian or Asian British - Pakistani	<input type="checkbox"/>
White - Irish	<input type="checkbox"/>	Asian or Asian British - Bangladeshi	<input type="checkbox"/>
White - Other	<input type="checkbox"/>	Asian or Asian British - Other	<input type="checkbox"/>
Mixed - White & Black Caribbean	<input type="checkbox"/>	Black or Black British - Caribbean	<input type="checkbox"/>
Mixed - White & Black African	<input type="checkbox"/>	Black or Black British - African	<input type="checkbox"/>
Mixed - White & Asian	<input type="checkbox"/>	Black or Black British - Other	<input type="checkbox"/>
Mixed - Other	<input type="checkbox"/>	Other - Chinese	<input type="checkbox"/>
Asian or British - Indian	<input type="checkbox"/>	Other - Any other	<input type="checkbox"/>

**You should make a copy of this form, and then return it to the address overleaf.**