

Feedback Form

This form is designed for you to help you provide feedback, comments or compliments about our service

Please enter your personal details.

Name:		
Address:		
Phone Numbers:		
Email Address:		
Relationship to Renaissance Supported Housing:		
Name the service and/ or individual about whom you want to feedback		

Please describe the nature of your feedback				
Yo	ou may continue on another sheet if necessary			

When you have filled in this form please return it to:

Renaissance Supported Housing Ltd Head Office PO 1664 Huddersfield HD1 9SU Email:info@renaissancesh.co.uk

MONITORING INFORMATION

Date of response:

We would be grateful if you could complete this monitoring form, we use this as a tool to monitor our performance and to assess the diversity of people using our service. Please the completion of this form is optional

1.	Are you male or female?	Male			
		Female			
2.	What is your age?	Under 20 20+ 30+ 40+ 50+			
3.	3. Disability is defined as a physical or mental impairment, which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities. In these terms, do you consider that you have a disability?				
		Yes			
		No			
4.	How would you describe	your race o	r ethnic origin?		
	African	Caribbean			
	Asian	European			
	UK Black	UK White			
	Irish	Other (pleas	e specify)		
Fo	r office use only				
	Date feedback received:				
	Date acknowledged:				