

Complaint form

If you have not already done so, please read our leaflet 'How to complain to Dartford Borough Council'

We encourage you to raise your complaint directly and informally with the staff member you have been dealing with.

If you have not been dealing with anyone or do not know who to contact about your complaint, or if you need advice or help in filling out this form, contact our Customer Services, Civic Centre, Home Gardens, Dartford, Kent DA1 1DR.

Telephone: 01322 343434 and we welcome calls by NGT Relay

Email: complaints.officer@dartford.gov.uk

Once you have completed this form please save it and email it to: complaints.officer@dartford.gov.uk or alternatively please print it and send it (with the monitoring form) to: Corporate Complaints Officer, Dartford Borough Council, Civic Centre, Home Gardens, Dartford, Kent DA1 1DR

Further details on the stages of our complaints procedure can be found at www.dartford.gov.uk

Privacy Notice – In order to provide you with a service or deal with any complaints or enquiries, we collect and hold personal information about you. We are permitted by law to do this where it is necessary to 'perform a task in the public interest or in the exercise of official authority vested in us as Data Controller'. Some of the information that is collected is classified as special category personal data i.e. sensitive personal information. This is processed for reasons of substantial public interest under the laws that apply to us where this helps to meet our broader social obligations such as where it is necessary for us to fulfill our legal obligations and regulatory requirements.

You are not required to provide the personal information we ask for. If you choose not to do so, in many cases, we will not be able to provide you with a service or respond to any complaints or enquiries you may have.

Dartford Borough Council, Civic Centre, Home Gardens, Dartford, Kent DA1 1DR is the Data Controller-dataprotection@dartford.gov.uk
Please refer to our Corporate Privacy Notice and the Privacy Notice for the Complaints Process at www.dartford.gov.uk for further details of how we process your personal information and your rights.

Please complete this form as clearly and accurately as you can

1. Mr Ms Mrs Miss Other (please insert).....

First name:

Surname:

2. Address:

.....
.....
.....

Postcode:

Email:

3. Daytime contact phone number:

Note: Please put in the telephone number where we can contact you between 9am and 5pm. Tell us if it is your home or work, or the number of a neighbour or friend. If you do not have a daytime contact number, please put down a number with an answerphone where we can leave a message during the day. If you do not have any of these, please leave this section blank.

4. Your special requirements:

If anything makes it difficult for you to use our service, for example if English is not your first language or you have a disability, please use the space above to tell us how we might help you.

5. Is your complaint about a particular person or department?

Name of person:

Name of department:

6. What is the nature of your complaint?

Please complete this form clearly and accurately as you can

7. How has this affected you?

8. What do you think the Council should do to put things right?

It will help us to deal quickly with your complaint if you send us copies of any letters or documents about it.

Your signature:

Date:

To be signed by the person making the complaint or by the person representing the complainant.

Note: You can ask someone to help you with your complaint: this can be the Citizen's Advice Bureau or other organisations (see the leaflet 'How to complain to Dartford Borough Council'), or your local Councillor, or a friend or relative as long as they have your permission to represent you. We will help you to complete the form if you ask us.

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If completed by Customer Services, or another Council Officer, nature of the complaint must be confirmed with the complainant and a copy of this form sent/given to the complainant.

Nature of complaint confirmed with the complainant? Yes No

Date:

Copy of this complaint form to the complainant? Yes No

Date:

Monitoring our Comprehensive Equality Policy

We want to find out if we are giving as good a service as we can to all service users. To help us do this, please fill in this section. The information we get from all replies will help us review and decide how we can assist as many people as possible. This information will not be sent to any service department and will not affect the way you receive services from us. If you would rather not answer some or all of these questions, you do not have to.

Data Protection Statement

Your personal information may be converted ('anonymised') into statistical or aggregated data in such a way that ensures that you cannot be identified from it. Aggregated data cannot, by definition, be linked back to you as an individual and may be used to conduct research and analysis, including the preparation of statistics for use in our reports.

Please refer to our Corporate Privacy Notice at www.dartford.gov.uk for further details of how we process your personal information and for details on your additional rights.

1. What is your ethnic group?

Choose **one** section from A to E, then tick **one** box to best describe your ethnic group or background. Note: Ethnic groups are not about nationality, place of birth or citizenship. They are about culture and cultural background.

A: White

- English/Welsh/Scottish/Northern Irish/British
- Irish
- Gypsy or Irish Traveller
- Any other white background, write in

D: Black/African/Caribbean/Black British

- African
- Caribbean
- Any other Black/African/Caribbean background, write in

B: Mixed/multiple ethnic groups

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background, write in

E: Other ethnic group

- Arab
- Any other ethnic group, write in

C: Asian/Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background, write in

- Prefer not to say

Monitoring our Comprehensive Equality Policy

2. What is your age?

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Under 16 | <input type="checkbox"/> 60-64 |
| <input type="checkbox"/> 16-24 | <input type="checkbox"/> 65-74 |
| <input type="checkbox"/> 25-34 | <input type="checkbox"/> 75-84 |
| <input type="checkbox"/> 35-49 | <input type="checkbox"/> 85 and above |
| <input type="checkbox"/> 50-59 | <input type="checkbox"/> Prefer not to say |

3. Do you consider yourself to be disabled?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|
- Prefer not to say
If yes, please tick the box(es) that best describes your disability
- | | |
|--|--|
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Physical disability |
| <input type="checkbox"/> Learning disability | <input type="checkbox"/> Other, write in |
| <input type="checkbox"/> Sight impairment | |
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Prefer not to say |

4. What is your gender?

- | | |
|-------------------------------|---------------------------------|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female |
|-------------------------------|---------------------------------|
- Prefer not to say
Is your gender identity the same as the gender you were assigned at birth
- | | |
|--|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Prefer not to say | |

5. What is your religion or belief?

- | | |
|------------------------------------|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Muslim |
| <input type="checkbox"/> Christian | <input type="checkbox"/> Sikh |
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> Other, write in |
| <input type="checkbox"/> Hindu | |
| <input type="checkbox"/> Jewish | <input type="checkbox"/> Prefer not to say |

6. What is your sexual orientation?

- | | |
|--|--|
| <input type="checkbox"/> Heterosexual/straight | <input type="checkbox"/> Other, write in |
| <input type="checkbox"/> Gay woman/lesbian | |
| <input type="checkbox"/> Gay man | |
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Prefer not to say |

If you or anybody you know requires this or any other Council information in another language please contact us and we will do our best to provide this for you. Braille, Audio tape and large print versions of this document are available upon request.

Tel: 01322 343434

Fax: 01322 343432

Email: customer.services@dartford.gov.uk

Calls are welcome via NGT relay



ਪੰਜਾਬੀ

Punjabi

01322 343610

தமிழ்

Tamil

01322 343611

Polski

Polish

01322 343612

česky

Czech

01322 343613

简体中文

Mandarin

01322 343614

Français

French

01322 343615

DARTFORD
BOROUGH COUNCIL

The Corporate Complaints Officer, Civic Centre, Home Gardens, Dartford Kent DA1 1DR

Tel: 01322 343434 Fax: 01322 343422

E-mail: complaints.officer@dartford.gov.uk Website: www.dartford.gov.uk