

Worcester Community Housing  
Progress House  
Central Park  
WORCESTER  
WR5 1DU



## Contacting you

**7. When we send information to you we will usually send you a letter. Please tick below if you prefer to have information in a different format:**

Large print  Audio disc  Braille  Email   
CD Rom  Text  Minicom  Typetalk   
Other

**8. Are you happy for us to contact you in English?**

Yes  No

**9. If No, which language do you need help in?**

Albanian  Bangladeshi  Bengali  Cantonese   
Czech  Iranian  Kurdish  Mandarin   
Polish  Portuguese  Punjabi  Romanian   
Russian  Slovak  Spanish  Turkish   
Urdu  Other

**10. If you would like us to contact you via someone else please tell us their name, address and relationship to you. Please sign the box below to show you authorise us to do this.**

Name   
Relationship   
Address   
Signature

## Data Protection Information

We will keep this form, along with all the other information we have about you, on the file we hold about you and your tenancy (if we have one). You have the right to ask for access to the information that we hold about you, and to ask us to correct any mistakes which you believe are in the information we hold.

We need the information you have given us to carry out our work, to provide services in the best way to suit you, and so we can meet Health and Safety laws. We also make sure that we comply with the Data Protection Act 1998 in the way we process the sensitive personal information that you have provided.

Occasionally, we might need to pass some information about you to other organisations which support or help you in your tenancy, to statutory agencies and local authorities or to contractors who help us carry out our work and duties as a landlord.

**I confirm that I agree for Worcester Community Housing to collect, hold, use and share personal information about me, ONLY in the ways described above.**

Signed

Date

**Once you have filled in the form, moisten edges and fold to stick, then post it (no stamp needed), or drop it in at any WCH Office (please see back page of leaflet).**



Moisten here

**Here's what I think**

I would like to make a:

Comment  Compliment  Complaint

Date:

Please continue on separate sheet if you need more space.

Moisten here

Moisten here

Please tell us how you think the complaint could be resolved:

Please continue on separate sheet if you need more space.

If you have already spoken to us about your complaint please tell us who you spoke to and when:

Date:

Your name:

Date of birth:

Gender: Male  Female

Gender Identity: Is your gender the same as you were assigned at birth?  
Yes  No

Your address:

Telephone no: Day  
Evening  
Mobile

Email:

Moisten here

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The information is to help us to make sure we are providing the right services in the best way possible. You can choose not to answer any of the following questions but if you do it will help us to deliver our services in a way that better meets your personal needs.

**About you**

**1. Please choose ONE section from A to E to describe yourself.**

**A. White**

British  Irish  European, other than British   
Roma/Gypsy  Traveller of Irish Heritage   
Other white, please state

**B. Mixed Origin**

White and Black Caribbean  White and Black African   
White and Asian   
Any other Mixed background, please write in

**C. Asian or Asian British**

Indian  Pakistani  Bangladeshi   
Any other Asian background, please write in

**D. Black or Black British**

Caribbean  African   
Any other Black background, please write in

**E. Chinese or other ethnic group**

Chinese  Any other, please write in

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**2. What is your religion?**

Buddhist  Christian  Hindu  Jewish  Muslim   
Sikh  No religion  Other

**3. What is your sexuality?**

Heterosexual  Bi-sexual  Lesbian/Gay   
Other

**4. Do you consider you have a disability or a life-limiting illness?**

A life-limiting illness is a physical or mental impairment which has a substantial and long term affect (twelve months or more) on your abilities.  
Yes  No

**5. If yes, does it affect your:**

Vision  Hearing  Speech  Mobility   
Mental health  Other

**6. Do you use a wheelchair?**

No  Sometimes  Always

1<sup>st</sup> fold here

3<sup>rd</sup> fold here

2<sup>nd</sup> fold here

Moisten here