



East Sussex Fire & Rescue Service

Complaint form

If you have not already done so, please read our leaflet *How to complain* You can download it from our website www.esfrs.org.

When you have filled in this form, print it and send it to the Service Complaints Officer who will deal with your complaint. The address and contact details can be found at the end of the document.

Please delete or cross through options as appropriate.

1 Mr/Ms/Mrs/Miss or Other: *(please insert)*

First name:

Surname:

2 Your address:

Postcode:

email address:

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 answer phone 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 below to tell us how we might help you.

5 What do you think East Sussex Fire & Rescue Service did wrong?

6 How has this affected you?

7 What do you think East Sussex Fire & Rescue Service should do to put things right?

Your signature:

Date:

To be signed by the person making the complaint

Thank you for taking the time to complete this form.

Your Complaint is important to us and we will acknowledge your complaint within 3 working days on receipt of this form. We will strive to respond fully to your complaint within 1 month or provide you with an update on the investigation.

Equal Opportunities Monitoring Form

We want to find out if we are giving as good a service as we can to *all* complainants. To help us do this, please fill in this form and send it to us. If more than one of you has made the complaint, it would be helpful if only one of you fills in the form. The information we get from all replies will help us decide how we can assist as many people as possible.

Note: *Ethnic groups are not about nationality, place of birth or citizenship. They are about colour, race, linguistic, religious and cultural background.*

Please tick the circles as appropriate (or delete other options)

1. Ethnic group:	
White British <input type="radio"/> Irish <input type="radio"/> Any other white background <input type="radio"/>	Mixed White and Black Caribbean <input type="radio"/> White and Black African <input type="radio"/> White and Asian <input type="radio"/> Any other mixed background <input type="radio"/>
Asian or Asian British Indian <input type="radio"/> Pakistani <input type="radio"/> Bangladeshi <input type="radio"/> Any other Asian background <input type="radio"/>	Black or Black British Caribbean <input type="radio"/> African <input type="radio"/> Any other black background <input type="radio"/>
Chinese Chinese <input type="radio"/>	Other ethnic group Any other group <input type="radio"/>

2. Sex:	3. Age:
Male <input type="radio"/> Female <input type="radio"/>	Under 18 <input type="radio"/> 18-29 <input type="radio"/> 30-39 <input type="radio"/> 40-49 <input type="radio"/> 50-59 <input type="radio"/> 60-65 <input type="radio"/> Over 65 <input type="radio"/>

4. Do you have a disability?	4a. If you do, what is the nature of your disability?
Yes <input type="radio"/> No <input type="radio"/>	Mobility <input type="radio"/> Hearing Impairment <input type="radio"/> Visual Impairment <input type="radio"/> Learning Needs <input type="radio"/> Mental Health <input type="radio"/> Other <input type="radio"/>

5. Religion	6. Do you have any caring responsibilities?
Christian <input type="radio"/> Rastafarian <input type="radio"/> Catholic <input type="radio"/> Muslim <input type="radio"/> Jewish <input type="radio"/> Buddhist <input type="radio"/> Sikh <input type="radio"/> None <input type="radio"/> Hindu <input type="radio"/> Other <input type="radio"/>	Yes, Children (under 14 years) <input type="radio"/> Yes, Other please state No caring responsibilities <input type="radio"/>

Data Protection Act:

The information or data which you have supplied on this form will be processed and held on computer. This data may be processed by East Sussex Fire & Rescue Service for the purposes of equality monitoring, compiling statistics.

For the purposes of compliance with the Data Protection Act 1998, I hereby confirm that by completing this form I give my consent to East Sussex Fire & Rescue Service processing the data supplied on this form for the purpose of Equal Opportunities Monitoring.

Signed:..... **Date:**.....

Please forward to:

Service Complaints Officer
 East Sussex Fire & Rescue Service
 Service Headquarters
 20 Upperton Road
 Eastbourne
 East Sussex
 BN21 1EU

Tel No: 0845 130 8855
enquiries@esfrs.org