



Complaints Matter Making a complaint



"to deliver excellent Housing Services"

No stamp required

www.nshomes.co.uk

NEWARK AND SHERWOOD HOMES
Kelham Hall, Newark on Trent, Notts NG23 5QX
Email: housing@nshomes.co.uk

GENERAL ENQUIRIES
LOCAL CALL RATE:
0845 258 5550

REPAIRS FREEPHONE:
0800 561 0010

EMERGENCIES
OUT OF HOURS FREEPHONE:
0800 561 0010

FAX:
01636 655514

MINICOM:
01636 655960

HAWTONVILLE OFFICE
77c Eton Avenue,
Newark on Trent, NG24 4JH
Tel: (01636) 655503
Fax: (01636) 655504

OLLERTON OFFICE
Sycamore Road,
Ollerton NG22 9PS
Tel: (01623) 860740
Fax: (01623) 860729

Newark and Sherwood Homes strives to offer a service that is responsive to your needs and focuses on our customers.

By filling in this form you will help us to improve the service we provide for our customers. Please fold and return completed forms to: Newark and Sherwood Homes. We will write and confirm that we have received your form within 3 working days of receipt.

What you need to know

What should I use this form for?

Any complaints that you have that relate to a service provided by Newark and Sherwood Homes.

What happens once I send my form back?

We will reply to everyone returning the form. We will investigate your complaint and write to you when we have completed our enquiries.

What we do with your complaints

Every complaint will be investigated following our complaints procedure which is detailed in our leaflet 'How to make a Complaint'.

Response Times

All complaints will be acknowledged within 3 working days. You will be sent a full written reply within ten working days or a letter explaining what is being done, and giving a date by which you will be sent a full reply.

If you would like this document in another language or format, or if you require the services of an interpreter, please contact us.



Prosimy skontaktować się z nami, jeśli chciał(a)by Pan(i) uzyskać ten dokument w innym języku lub formacie albo też potrzebuje Pan(i) skorzystać z usług tłumacza ustnego.

(Polish)

本文件可以翻译为另一语文版本，或制作成另一格式，如有此需要，或需要传译员的协助，请与我们联系。

(Mandarin)

Se gostaria de ter este documento noutra idioma ou formato, ou se necessita de um intérprete, contacte-nos.

(Portuguese)



Signing The Big Word Translation Services Audio Tape

BUSINESS REPLY SERVICE
Licence No. RLSA-BHAY-KGGK
Newark and Sherwood Homes Ltd
Kelham Hall
Kelham
NEWARK
NG23 5QX

Complaints Matter Making a complaint

What we need to know

Your name:

Mr / Mrs / Miss / Ms

Address:

Email:

Telephone number:

Please give details of your complaint including details of how long the matter has been going on and who you have spoken to previously.

What action would you like us to take?

Is this the first time you have complained about this matter? Yes No

If you prefer to be contacted by telephone please tick this box

If you do not wish to be contacted for feedback on how your complaint was dealt with please tick here

Equal Opportunities Monitoring

Gender: (Optional) (Please tick) Female Male Transgender **Age:** (Optional) Years

Do you consider yourself to have a disability: (Optional) (Please tick) Yes No

Ethnicity: (Please tick)

1. White	British <input type="checkbox"/>	3. Asian	Indian <input type="checkbox"/>	5. Chinese	<input type="checkbox"/>
	Irish <input type="checkbox"/>		Pakistani <input type="checkbox"/>	6. Gypsy/Traveller	<input type="checkbox"/>
	White Other <input type="checkbox"/>		Bangladeshi <input type="checkbox"/>	7. Other Ethnic Group	<input type="checkbox"/>
			Asian Other <input type="checkbox"/>	(please state)	
2. Mixed	Write and Black Caribbean <input type="checkbox"/>		4. Black	
	Write and Black African <input type="checkbox"/>		Caribbean <input type="checkbox"/>	8. Prefer not to say	<input type="checkbox"/>
	Write and Asian <input type="checkbox"/>		African <input type="checkbox"/>		
	Mixed Other <input type="checkbox"/>		Black Other <input type="checkbox"/>		

Nationality: (Please tick)

UK national returning from residence from over seas <input type="checkbox"/>	Latvia <input type="checkbox"/>	Romania <input type="checkbox"/>
Czech Republic <input type="checkbox"/>	Lithuania <input type="checkbox"/>	Other European <input type="checkbox"/>
Estonia <input type="checkbox"/>	Poland <input type="checkbox"/>	Economic area (EEA) <input type="checkbox"/>
Hungary <input type="checkbox"/>	Slovenia <input type="checkbox"/>	Any other country <input type="checkbox"/>
	Slovakia <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
	Bulgaria <input type="checkbox"/>	

Religion or Belief: (Please tick)

Christian <input type="checkbox"/>	Hindu <input type="checkbox"/>	No Religion or Belief <input type="checkbox"/>
Sikh <input type="checkbox"/>	Muslim <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
Jewish <input type="checkbox"/>	Other (Please State) <input type="checkbox"/>	
Buddhist <input type="checkbox"/>	

Disability: (Please tick up to 4)

Blind <input type="checkbox"/>	Mental health <input type="checkbox"/>	Speech impairment <input type="checkbox"/>
Physical co-ordination difficulties <input type="checkbox"/>	Partially sighted <input type="checkbox"/>	No disability <input type="checkbox"/>
Wheelchair user (Full) <input type="checkbox"/>	Profoundly deaf <input type="checkbox"/>	Other <input type="checkbox"/>
Learning difficulties <input type="checkbox"/>	Partial hearing <input type="checkbox"/>	
Limited mobility <input type="checkbox"/>	Wheelchair user (Partial) <input type="checkbox"/>	

Sexual Orientation: (Please tick)

Bisexual Gay man Gay woman/Lesbian Heterosexual/Straight Other Prefer not to say

Signature: Date:

There are some things we cannot change, such as actions we must take by law. If this is the case, we will explain why this is and tell you who to contact for further advice. NSH may wish to share information you supply with other organisations such as Newark & Sherwood District Council and other Government bodies.

MOISTEN HERE