

Welfare Rights Unit – Customer Feedback Questionnaire

Win £50 by giving us your views

As part of our commitment to improving the services we provide we would be most grateful if you could take some time to complete this feedback questionnaire. We enter all views, whether good or bad, into a monthly draw for £50. You do not have to give us your name and address but we may need to contact you if you win the £50.

Your name (optional) _____

Your address (optional) _____

Q1. Where did you see a Welfare Rights Worker? _____

Q2. Which Welfare Rights Worker did you see? _____

Q3. How easy was it to make the appointment?

Please circle one number

Very hard

Very easy

1-----2-----3-----4-----5-----6-----7-----8-----9-----10

Q3a. Please make any comments in support of your answer (optional)

Q4. Was the Welfare Rights Worker polite at all times?

Please circle one number

Very rude

Very polite

1-----2-----3-----4-----5-----6-----7-----8-----9-----10

Q4a. Please make any comments in support of your answer (optional)

Q5. Did the Welfare Rights Worker clearly answer your questions?

Please circle one number

Very unclear

Very clear

1-----2-----3-----4-----5-----6-----7-----8-----9-----10

Q5a. Please make any comments in support of your answer (optional)

Q6. Overall, how would you rate the quality of the service that you received from the Welfare Rights Unit?

Please tick one box

Excellent Good Average Poor Unacceptable

Q6a. Please make any comments in support of your answer (optional)

Leeds City Council has an Equal Opportunities policy. All customers will be treated equally irrespective of their sex, marital status, disability, race, colour, religion, nationality, ethnic origin, sexual orientation or age. To ensure our policies are effective it would help us if you could complete the information below – this information will be treated as confidential and used only to ensure we provide a fair service. **You do not have to answer these questions. If you choose not to, please let us know by ticking the ‘Do not want to say’ boxes. It won’t make any difference to the service you receive.**

Please tick one box in each section.

Are you male? female? Do not want to say

How old are you?

Under 18 18 to 25 26 to 45 46 to 59 60 and over Do not want to say

Are you disabled? Yes No Do not want to say

If you are disabled, what type of disability do you have?

A physical disability (such as using a wheelchair to get around or difficulty using your arms)

A disability that affects your senses (such as being blind or being deaf)

A mental health condition (such as depression or schizophrenia)

A learning disability (such as Down’s syndrome or dyslexia) or a cognitive impairment (such as autism or a head-injury)

A long term illness or health condition (such as cancer, HIV, diabetes, chronic heart disease or epilepsy)

Ethnic background (Please choose one section from A to E, and then tick the appropriate box.)		
<p>A White</p> <p>British <input type="checkbox"/></p> <p>Irish <input type="checkbox"/></p> <p>Any other white background (Please write below) <input type="checkbox"/></p> <p>.....</p>	<p>B Mixed</p> <p>White and black Caribbean <input type="checkbox"/></p> <p>White and black African <input type="checkbox"/></p> <p>White and Asian <input type="checkbox"/></p> <p>Any other mixed background (Please write below) <input type="checkbox"/></p> <p>.....</p>	<p>C Asian or Asian British</p> <p>Indian <input type="checkbox"/></p> <p>Pakistani <input type="checkbox"/></p> <p>Bangladeshi <input type="checkbox"/></p> <p>Kashmiri <input type="checkbox"/></p> <p>Any other Asian background (Please write below) <input type="checkbox"/></p> <p>.....</p>
<p>D Black or black British</p> <p>Caribbean <input type="checkbox"/></p> <p>African <input type="checkbox"/></p> <p>Any other black background (Please write below) <input type="checkbox"/></p> <p>.....</p>	<p>E Other ethnic groups</p> <p>Chinese <input type="checkbox"/></p> <p>Gypsy or Traveller <input type="checkbox"/></p> <p>Any other background (Please write below) <input type="checkbox"/></p> <p>.....</p>	<p>F</p> <p>Do not want to say <input type="checkbox"/></p>

Please tick the box that describes your religion or belief			
Buddhist <input type="checkbox"/>	Hindu <input type="checkbox"/>	Muslim <input type="checkbox"/>	No religion <input type="checkbox"/>
Christian <input type="checkbox"/>	Jewish <input type="checkbox"/>	Sikh <input type="checkbox"/>	Other (please state) <input type="checkbox"/>
		
			Do not want to say <input type="checkbox"/>

Please tick the box that describes your sexuality			
Heterosexual (straight) <input type="checkbox"/>	Lesbian <input type="checkbox"/>	Gay man <input type="checkbox"/>	Bisexual <input type="checkbox"/>
Do not want to say <input type="checkbox"/>			

Thank you very much for taking the time to complete this form. Your comments are valued

Please return this form in the enclosed freepost envelope or you may take it to your nearest One Stop Centre