

## URH Reception Satisfaction Survey

**We value your views and feedback on how we handled your visit to our reception today. Please answer the following questions so that we may constantly improve our service to you.**

**Q1 Which TMO Estate do you live on?**

- |                                                      |                                                  |
|------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> <i>Blenheim Gardens RMO</i> | <input type="checkbox"/> <i>Roupell Park RMC</i> |
| <input type="checkbox"/> <i>Loughborough EMB</i>     | <input type="checkbox"/> <i>Waltham RMO</i>      |

**Q2 Your details:**

Title (Mr, Mrs, Miss etc.) \_\_\_\_\_

Surname \_\_\_\_\_

First names \_\_\_\_\_

**Your contact details:**

Home phone \_\_\_\_\_

Mobile \_\_\_\_\_

Email \_\_\_\_\_

**Your address details:**

\_\_\_\_\_

Post code \_\_\_\_\_

**Q3 Date you visited reception**

\_\_\_\_\_

**Q4 Were you kept waiting longer than 10mins to see a member of staff?**

- Yes*       *No*

**Q5 What brought you to the reception today?**

- |                                               |                                                                 |
|-----------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> <i>Tenancy Issue</i> | <input type="checkbox"/> <i>Parking</i>                         |
| <input type="checkbox"/> <i>Estate Issue</i>  | <input type="checkbox"/> <i>Nuisance/ Anti-social behaviour</i> |
| <input type="checkbox"/> <i>Repairs</i>       | <input type="checkbox"/> <i>Leasehold/Service Charge Issue</i>  |
| <input type="checkbox"/> <i>Other.....</i>    |                                                                 |

**Q6 Was your query resolved?**

- Yes  No

**Q7 Was the member of staff dealing with your query helpful??**

- Yes  No

**We are trying to find out a bit more about our residents to ensure our services best suit your needs.**

**Please can you spare a couple of minutes to answer a few more questions to help us? You could win £50 in vouchers**

**Q8a What is your gender identity?**

- Male (including trans male)  Female (including trans female)  
 Other gender identity: \_\_\_\_\_

**Q8b Is your gender identity the same as the gender you were assigned at birth?**

- Yes  No

**Q9 What is your sexual orientation?**

- Heterosexual / Straight  Lesbian / Gay woman  
 Bisexual  Other: \_\_\_\_\_  
 Gay  Prefer not to disclose

**Q10 What is your current work status?**

- Work full-time  Full-Time Student  
 Work part-time  Retired  
 Self-employed  Other: \_\_\_\_\_  
 Unemployed  Prefer not to disclose

**Q11 What is your ethnic group?**

<b>White</b>	<input type="checkbox"/>	White British
	<input type="checkbox"/>	White Irish
	<input type="checkbox"/>	White Portuguese
	<input type="checkbox"/>	White East European
	<input type="checkbox"/>	White Gypsy/Roma
	<input type="checkbox"/>	Any other white background
<b>Mixed</b>	<input type="checkbox"/>	Mixed white and black Caribbean
	<input type="checkbox"/>	Mixed white and black African
	<input type="checkbox"/>	Mixed white and Asian
	<input type="checkbox"/>	Any other mixed background
<b>Black or black British</b>	<input type="checkbox"/>	Black or black British Caribbean
	<input type="checkbox"/>	Black or black British African
	<input type="checkbox"/>	Any other black background
<b>Asian or Asian British</b>	<input type="checkbox"/>	Asian or Asian British Indian
	<input type="checkbox"/>	Asian or Asian British Pakistani
	<input type="checkbox"/>	Asian or Asian British Bangladeshi
	<input type="checkbox"/>	Chinese
	<input type="checkbox"/>	Any other Asian background
<b>Other</b>	<input type="checkbox"/>	Any other ethnic background (please state): _____
	<input type="checkbox"/>	I prefer not to disclose

**Q12 Do you need us to contact you in a language other than English?**

Yes (which language): \_\_\_\_\_  No

**Q13 What is your faith / religion?**

<input type="checkbox"/> No religion	<input type="checkbox"/> Sikh
<input type="checkbox"/> Buddhist	<input type="checkbox"/> Jewish
<input type="checkbox"/> Christian	<input type="checkbox"/> Prefer not to disclose
<input type="checkbox"/> Hindu	<input type="checkbox"/> Other (please state): _____
<input type="checkbox"/> Muslim	

**Q14 Do you have pets in your household?**

Yes (please list): \_\_\_\_\_  No

**The Disability Discrimination Act 1995 defines disability as "a physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities".**

**Q15 Do you consider yourself to have a disability?**

Yes

No

**If "Yes" what is the nature of the disability? Please tick all that apply:**

- Physical Disability
- Wheelchair User
- Other Mobility or Access Needs
- Blind
- Partially Sighted
- Deaf
- Hearing Impairment
- Speech Impediment
- Literacy Problems
- Other Disability (please specify) \_\_\_\_\_

**Q16 Do you have a support/social worker/emergency contact? If so, please give their details below along with any other details about your disability relevant to the services you receive from URH:**

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**Q17 Please tell us if there is anything else we should know about you or your household to provide better access to our services and improve their quality:**

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**Data Protection and Declaration**

I understand that the information recorded on this form will be used by United Residents Housing to provide good service to residents. This information will also be used for monitoring purposes to help to ensure equality of access to services for all URH residents. I understand that this information will not be given to third parties without my prior consent.

**Signed (resident):** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Thank you for taking your time to complete this survey.**

### Spanish

Si desea esta informaci3n en otro idioma,  
rogamos nos llame al

### Portuguese

Se desejar esta informa3o noutro idioma  
3 favor telefonar para

### French

Si vous souhaitez ces informations dans une  
autre langue veuillez nous contacter au

If you would like this information in large print, Braille, audio tape or another  
language, please contact us on

### Bengali

3i tathy anyo konoo bhaay apnar prayojon  
hale anugrah kare fonon korun

### Twi

Se wope saa nkaeboy yi wo kasa foforo  
mu a fre

### Yoruba

Ti 3 ba fe imoran yii, ni ede Omiran, ejo,  
3 kan wa l'agogo

**020 7733 9929**

Our shared purpose, combined with our passion for improvement, will stand us out as  
a centre of excellence for resident managed services.

