

# monitoring our service

The information you give on this form helps us check who uses our service.  
**It won't affect how we look at your complaint.**

The information you give is confidential and we will keep it separate from your complaints form. We value your help in improving our service.

Please tell us about yourself by ticking the boxes below. If you made a complaint with another person, one person should fill in the form.

## 1 Gender

- Male
- Female

*You can give other information about your gender, if you want to, in the box below:*

## 2 Age

- Under 16
- 16 – 18
- 19 – 24
- 25 – 34
- 35 – 49
- 50 – 64
- 65 and over

## 3 Ethnic background

### White

- Scottish
- Other British
- Irish
- Any other White background

### Asian, Asian Scottish or Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background

### Black, Black Scottish or Black British

- Caribbean
- African
- Any other Black background

### Mixed

- Any Mixed background

Please give details

### Any other ethnic background

Please give details

#### 4 Religion / Belief

Please specify

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#### 5 Do you have a disability?

Yes

No

Do not want to say

**Please tell us more about your disability. Do you have:**

Poor hearing

Poor sight / blindness

Problems with physical mobility

Other disability

## How did you find out about SPSO?

**Polski Gàidhlig 中文 (繁體字) اردو বাংলা العربية**

We can give you information in any language if you ask us.

Call us on freephone **0800 377 7330**.

**SPSO, 4 Melville Street, Edinburgh EH3 7NS**

**Tel 0800 377 7330**

**Fax 0800 377 7331**

**Text 0790 049 4372**

**[www.spsso.org.uk](http://www.spsso.org.uk)**

**SPSO** Scottish  
Public  
Services  
Ombudsman