

Compensation Claim Form



Name:

Address:

Postcode:

Daytime Phone No:

E-mail:

Claim details (continue overleaf if necessary)

Give all:

- Relevant dates
- Names of any members of staff you have dealt with
- Details of damage/loss including financial losses
- Evidence e.g. photos of damage, receipts of expenditure

Which service have you been dealing with?

e.g. Repairs, Housing Management

How much compensation are you claiming?

Have you claimed for any damage from an insurance company?

Yes

No

If yes, please give their name and address:

Signed

Date

Please turn over



Claim details (continue here if necessary)

Fair Service Monitoring



The information used on this form is strictly confidential. The information received will be held on computer by Stafford and Rural Homes and used to ensure that customers receive a fair service.

If you feel uncomfortable about answering a question you have the option of leaving it blank. If you do not want to answer any questions in the Fair Service monitoring section please tick this box

	You	Your Partner
<u>Date of birth:</u>	<input type="text"/>	<input type="text"/>
<u>1. Gender</u>		
Female	<input type="checkbox"/>	<input type="checkbox"/>
Male	<input type="checkbox"/>	<input type="checkbox"/>
Transgendered Male to Female	<input type="checkbox"/>	<input type="checkbox"/>
Transgendered Female to Male	<input type="checkbox"/>	<input type="checkbox"/>
I prefer not to answer	<input type="checkbox"/>	<input type="checkbox"/>
<u>2. Sexuality</u>		
Heterosexual	<input type="checkbox"/>	<input type="checkbox"/>
Bisexual	<input type="checkbox"/>	<input type="checkbox"/>
Gay man	<input type="checkbox"/>	<input type="checkbox"/>
Gay woman	<input type="checkbox"/>	<input type="checkbox"/>
I prefer not to answer	<input type="checkbox"/>	<input type="checkbox"/>
<u>3. Special Requirements</u>		
Large print	<input type="checkbox"/>	<input type="checkbox"/>
Audio tape	<input type="checkbox"/>	<input type="checkbox"/>
Audio CD	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any other special requirements e.g. dietary?	<input type="text"/>	<input type="text"/>

4. Disability

You

Your Partner

Sight loss

Blind

Hearing loss

Deaf

Deaf and without speech

Learning difficulties

Mobility problems

Wheelchair user (indoor and outdoor)

Wheelchair user (outdoor only)

Substance misuse

Mental health issues

Chronic illness

Other (please specify)

I prefer not to answer

5. Religion

None

Jewish

Buddhist

Muslim

Christian

Sikh

Hindu

Other (please specify)

I prefer not to answer

6. Language

If English is not your first language please specify the language you use

7. Your background

You

Your Partner

A. White

British

Irish

Other

B. Mixed

White and Black Caribbean

White and Black African

White and Asian

Other

C. Asian or Asian British

Indian

Pakistani

Bangladeshi

Other

D. Black or Black British

African

Caribbean

Other

E. Chinese or other ethnic group

Chinese

Other

I prefer not to answer

Thank you for taking the time to complete the Fair Service Monitoring section of this form. If any of your needs identified in questions 3 or 4 change, please let us know.

**Please return this form to: Stafford and Rural Homes
The Rurals, 1 Parker Court
Dyson Way, Staffordshire Technology Park
Beaconside, Stafford ST18 0WP**