

COMPLAINTS SATISFACTION QUESTIONNAIRE



We value your feedback

Thank you for taking the time to tell us about your experience. Your feedback helps us improve how we handle complaints and the service we provide to all tenants.

This questionnaire is about how your complaint was handled, whether your complaint was upheld or not.

All responses will be treated confidentially.

If you need any help completing this form, please ask your care provider or someone you trust to help you.

About you

Your name	
Email	
Phone	
Address	

About your complaint

Reference number (if known):	
Date your complaint was completed:	
How did you make your complaint?	Telephone Email Letter Online In person Through a support worker or advocate Other:

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Please tell us how much you agree with the following statements.

Statement	1 Strongly Disagree	2 Disagree	3 Neither Agree nor Disagree	4 Agree	5 Strongly Agree
It was easy to make a complaint					
You knew how your complaint would be handled					
Staff listened to your concerns					
You were treated with respect throughout the complaints process					
Staff understood your individual needs					
You received updates about your complaint					
Your complaint was dealt with within a reasonable timescale					
The reasons for the decision were clearly explained					
You understood what would happen next after your complaint was closed					
You were told about your right to ask for a review or escalate your complaint if you remained unhappy					
You felt your complaint was taken seriously					
You felt supported throughout your complaint					
Overall, you are satisfied with the way your complaint was handled					

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About communication

How satisfied were you with:

Communication	Very dissatisfied	Dissatisfied	Satisfied	Very satisfied	Not applicable
The friendliness of staff					
The professionalism of staff					
Keeping you informed					
The clarity of letters, emails or phone calls					
Support provided if you needed adjustments					

Tell us more

What did we do well? Maximum of 200 words	
What could we have done better? Maximum of 200 words	
Did anything particularly stand out during your experience? Maximum of 200 words	
Do you have any suggestions for improving our complaints service? Maximum of 200 words	

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Overall

On a scale of 0–10, where 0 means Extremely Poor and 10 means Excellent, how would you rate the way your complaint was handled?

1 2 3 4 5 6 7 8 9 10

Equality and accessibility

Did you need any reasonable adjustments or additional support during the complaints process?
Some examples include supporting you to fill in this form or act on your behalf, providing information in easy-read, communicating in a way that helps you, such as in writing and on the phone.

Yes No

If yes, were these provided?

Yes Partly No

Please tell us about any additional support that would have helped.
Maximum of 200 words

Thank you for sharing your views

Thank you for sharing your views. Your feedback helps us improve our services and ensures every tenant is treated fairly, respectfully and listened to throughout the complaints process. This questionnaire aligns well with the expectations of the Housing Ombudsman's Complaint Handling Code by measuring accessibility, fairness, communication, timeliness, respect, learning, and overall satisfaction with complaint handling rather than simply whether the tenant agreed with the outcome.

Send the completed form

CLICK HERE TO SUBMIT this form to: complaints@encircleha.co.uk

Post: Complaints Officer, Encircle Housing, First Floor, Lister House, Lister Hill, Horsforth, Leeds, LS18 5AZ