

Have Your Say About Our Service

You have recently been in contact with this office. It is our aim to provide a quality service in Electoral Registration, Valuation for Council Tax and Non-Domestic Rating functions and the completion of this questionnaire would enable us to monitor the service we provide. We would be pleased to receive your comments and suggestions.

This survey can be completed anonymously and should take no more than 5 minutes to complete.

All details provided will only be used to improve our levels of service.

Please identify which service your contact with the office related to.		
Electoral Registration		
Council Tax		
Valuation for Non-Domestic Rates		
Other (please specify)		

General Notes:

 If your contact with the office was via telephone or if you visited the office, please complete Section 1.

If this contact was in relation to an **appeal** or **proposal**, please also complete **Section 4**.

 If you received a visit from a member of staff, please complete Section 2.

If this visit related to an **appeal** or **proposal**, please also complete **Section 4**.

3. If your contact with the office was via **letter**, **email** or **voicemail**, please complete **Section 3**.

If this contact was in relation to an **appeal** or **proposal**, please also complete **Section 4**.

IN ADDITION TO THE ABOVE, PLEASE COMPLETE **SECTION 5** AND MAKE ANY COMMENTS YOU HAVE IN **SECTION 6**.

Section 1. If you have telephoned / visited the office (delete as appropriate):

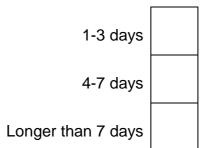
1 A	Did you speak to a member of staff who could deal with your enquiry? (If you wish to comment, please see Section	Yes n 6)	No
1B	Were you aware of the name of person who spoke to you? If yes, please confirm their name if you can	Yes recall it:	No
	ii yes , piease commit them hame ii you can	recaii ii.	
1C	If you visited the office, was there ease of	Yes	No
	access to the building?		
	If no , please provide details:		

Section 2. If you have received a visit from a member of our staff:

2A	Did we make an appointment for a visit?	Yes	No
	If yes , were we punctual?	Yes	No
2B	Did we properly identify ourselves?	Yes	No
2C	Was the purpose of the visit clearly explained?	Yes	No

Section 3. If your contact with the office was by letter, E-mail or voicemail:

3A	Was	it acl	<now <="" td=""><td>ledaed</td><td>۱in ا</td></now>	ledaed	۱in ا



3B Was this time acceptable to you?

Yes	No

Section 4. Appeal / Proposal Settlement:

Only complete this section if your contact with the office was in relation to an appeal or proposal, which has now been settled.

4A	What was the name of the member of staff your appeal?	dealing wi	th
4B	Was the appeal process explained to you?	Yes	No
	(If you wish to comment, please see Section	n 6)	
4C	If you asked questions, were these answered?	Yes	No
4D	If you requested additional information, did we provide this within a reasonable period of time?	Yes	No
4E	Although you may not agree with the outcome of your appeal, do you feel the matter was dealt with in a professional	Yes	No

manner?

Section 5. Overall Impression:

5A How would you rate the helpfulness and attitude of the people you dealt with?

Excellent	
Good	
Fair	
Poor	

How would you rate the competence and efficiency of the people you dealt with?

Good
Fair
Poor

5C	How satisfied were you with the time taken to deal with your enquiry?	
	Very Satisfied	
	Satisfied	
	Dissatisfied	
	Very Dissatisfied	
5D	Overall, how satisfied were you with the service you received from us?	
	Very Satisfied	
	Satisfied	
	Dissatisfied	
	Very Dissatisfied	

5E	If you were unhappy with the service received, did you let us know?		
	Yes		
	No		
	Not Applicable		
	If yes , how satisfied were you with the action we took to remedy the situation?		
	Very Satisfied		
	Satisfied		
	Dissatisfied		
	Very Dissatisfied		
	(If you wish to comment, please see Section	6)	
5F	If you made a formal complaint, was it dealt with in accordance with the AVJB Complaints Handling Procedure?	Yes	No

Your comments and suggestions are valuable to Section 6. us: If you have any comments or suggestions, please write them here: If required, please continue on Page 12 Thank you for your comments If you wish a response to any of the comments you have made, please provide your details below: Name: Address: **Daytime** Telephone No: E-mail Address:

Equalities Monitoring:

Ayrshire Valuation Joint Board is committed to eliminating discrimination and promoting equality in all aspects of its service. In order to ensure that this is the case, detailed monitoring of feedback requires to be carried out. Your assistance would be appreciated in providing the following information, which will be treated in the strictest confidence.

1.	1. What is your ethnic group?				
Α					
	Scottish	Other British			
	Irish	Gypsy/Traveller			
	Polish	Other white ethnic group			
If '	Other', please specify:				
В	Mixed or multiple ethi	nnic group			
	Any mixed or multiple	e ethnic groups			
Ple	ease specify:				
С	Asian, Asian Scottish	h or Asian British			
		Scottish or Pakistani British			
	Indian, Indian Scottish	h or Indian British			
	Bangladeshi, Banglad	Bangladeshi, Bangladeshi Scottish or Bangladeshi			
	British	British			
	·	Chinese, Chinese Scottish or Chinese British			
	Other (please specify):				
D	D African				
	African, African Scottish, African British				
	Other (please specify):				
E	Caribbean or Black				
	Caribbean, Caribbean Scottish or Caribbean British				
		Black, Black Scottish or Black British			
	Other (please specify):				
F	Other ethnic group				
	Arab, Arab Scottish, A				
	Other (please specify)	r):			
G	Prefer not to say				

Equalities Monitoring (continued)		
2. F	low would you describe	your gender?
	Male	Female
3. E	Disability	
Under the terms of the Equality Act 2010, a disability is		
defined as a physical or mental impairment, which has a		
substantial and long-term adverse effect on a person's		
ability to carry out day-to-day tasks		
Do you consider you have a disability?		
	Yes	No
	Prefer not to say	

Please add any additional comments here

Please return in the envelope provided.

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