The purpose of this survey is to assess how well we are performing at providing good quality homes and housing services to our tenants.

By taking part in this survey you will help to shape how we improve our services.

You can opt to complete this survey online at [www.oadby-wigston.gov.uk/consultations](http://www.oadby-wigston.gov.uk/consultations)

Please clearly mark your answer to each question.

Tenant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please clearly mark your answer to each question, circling where 1 = very dissatisfied, 2 = fairly dissatisfied, 3 = neither satisfied nor dissatisfied, 4 = fairly satisfied, 5 = very satisfied*

1. **Taking everything into account, how satisfied or dissatisfied are you with the service provided by the Housing Service?**

*Very dissatisfied* 1 2 3 4 5 *Very satisfied*

1. **Have we carried out a repair to your home in the last 12 months?**

Yes c No c

**If yes, how satisfied or dissatisfied are you with the overall repairs service we provided over the last 12 months?**

*Very dissatisfied* 1 2 3 4 5 *Very satisfied*

1. **Have we carried out a repair to your home in the last 12 months?**

Yes c No c

**If yes, how satisfied or dissatisfied are you with the time taken to complete your most recent repair after you reported it?**

*Very dissatisfied* 1 2 3 4 5 *Very satisfied*

1. **How satisfied or dissatisfied are you that we provide a home that is well maintained?**

*Very dissatisfied* 1 2 3 4 5 *Very satisfied*

1. **Thinking about the condition of the property or building you live in, how satisfied or dissatisfied are you that we provide a home that is safe?**

*Very dissatisfied* 1 2 3 4 5 *Very satisfied*

**Or** not applicable/you don’t know c

1. **How satisfied or dissatisfied are you in how we listen to your views and act upon them?**

*Very dissatisfied* 1 2 3 4 5 *Very satisfied*

**OR** not applicable/you don’t know c

1. **How satisfied or dissatisfied are you that we keep you informed about things that matter to you?**

*Very dissatisfied* 1 2 3 4 5 *Very satisfied*

**Or** not applicable/you don’t know c

1. **To what extent do you agree or disagree with the following ‘my landlord treats me fairly and with respect’?**

*Strongly disagree* 1 2 3 4 5 *Strongly agree*

**Or** not applicable/you don’t know c

1. **Have you made a complaint to the Housing Service in the last 12 months?**

Yes c No c

**If yes, how satisfied or dissatisfied are you with our approach to complaints handling?**

*Very dissatisfied* 1 2 3 4 5 *Very satisfied*

1. **Do you live in a building with communal areas, either inside or outside, that we are responsible for maintaining?**

Yes c No c Don’t know c

**If yes, how satisfied or dissatisfied are you that we keep these communal areas clean and well maintained?**

*Very dissatisfied* 1 2 3 4 5 *Very satisfied*

1. **How satisfied or dissatisfied are you that we make a positive contribution to your neighbourhood?**

*Very dissatisfied* 1 2 3 4 5 *Very satisfied*

**Or** not applicable/you don’t know c

1. **How satisfied or dissatisfied are you with our approach to handling anti-social behaviour?**

*Very dissatisfied* 1 2 3 4 5 *Very satisfied*

**Or** not applicable/you don’t know c

**Additional Comments:**

**Equality and Diversity**

1. **What is your gender?**

Female c Male c Intersex c Prefer not to say c

1. **Is the gender you identify with the same sex you were registered with at birth?**

Yes c No c Prefer not to say c

1. **My sexual orientation is?**

Bisexual c Gay/Lesbian c Heterosexual/Straight c Other c Prefer not to say c

1. **Which of the following age groups do you belong to?**

Under 16 c 16-18 c 19-24 c 25-35 c 36-44 c 45-54 c 55-64 c 65-74 c

75 or over c Prefer not to say c

1. **Do you consider yourself to have a health problem or disability which has lasted, or is expected to last, at least 12 months?**

Yes c No c Prefer not to say c

**If yes, please state the nature of your disability or illness.**

Physical impairment c

*(For example, using a wheelchair to get around and/or difficulty using your limbs)*

Sensory impairment c

*(For example, blind or deaf)*

Mental health condition c

*(For example, depression or schizophrenia)*

Learning disability c

(For example, dyslexia, downs syndrome)

Cognitive impairment c

*(For example, autism or head injury)*

Long-standing illness or health condition c

*(For example, cancer, HIV, diabetes, chronic heart disease)*

Prefer not to say c

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(please specify)

1. **My ethnicity is:**

Ethnic origin categories are not about nationality, birthplace or citizenship. They are about the group to whom you see yourself as belonging to. Please indicate your ethnic origin by selecting the appropriate box (further options will be provided after this selection):

Asian: Indian c Asian: Pakistani c Asian: Bangladeshi c Asian: Chinese c

Asian: Any other background c Asian: Prefer not to say c

Black: Caribbean c Black: African c Black: Any other background c

Black: Prefer not to say c

Mixed: White and Black Caribbean c Mixed: White and Black African c

Mixed: White and Asian c Mixed: Any other background c Mixed: Prefer not to say c

White: British c White: English c White: Irish c White: Scottish c

White: Northern Irish c White: Welsh c White: Gypsy or Irish Traveller c

White: European c White: Any other background c White: Prefer not to say c

Other ethnic group: Arab c Other ethnic group: Any other background c

Other ethnic group: Prefer not to say c

1. **My religious belief is:**

Buddhist c Christian c Hindu c Jewish c Muslim c Sikh c Other c

No religion c Prefer not to say c

**Staying in touch**

The borough council has a tenant email subscription service, which we use to send important information and news relevant to you directly to your email inbox. If you would like us to subscribe you to this free service, please provide you email address:

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**OWBC to complete: Name of Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Housing Type:** General needs housing c Sheltered housing c

**Accommodation Type:** Bedsit / Flat / Maisonette c House / Bungalow c

**Ward:** Wigston c South Wigston c Oadby c

**Collection Method:** face-to-face c post c telephone c email c