



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:

1. 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**.

2. 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*):

1A Did you speak to a member of staff who could deal with your enquiry? Yes No

(If you wish to comment, please see Section 6)

1B Were you aware of the name of person who spoke to you? Yes No

If **yes**, please confirm their name if you can recall it:

1C If you visited the office, was there ease of access to the building? Yes No

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 acknowledged in:

1-3 days	<input type="checkbox"/>
4-7 days	<input type="checkbox"/>
Longer than 7 days	<input type="checkbox"/>

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 dealing with your appeal?

	Yes	No
4B Was the appeal process explained to you?	<input type="checkbox"/>	<input type="checkbox"/>

(If you wish to comment, please see Section 6)

	Yes	No
4C If you asked questions, were these answered?	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
4D If you requested additional information, did we provide this within a reasonable period of time?	<input type="checkbox"/>	<input type="checkbox"/>

	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 manner?	<input type="checkbox"/>	<input type="checkbox"/>

Section 5. Overall Impression:

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

Excellent	<input type="checkbox"/>
Good	<input type="checkbox"/>
Fair	<input type="checkbox"/>
Poor	<input type="checkbox"/>

5B How would you rate the competence and efficiency of the people you dealt with?

Excellent	<input type="checkbox"/>
Good	<input type="checkbox"/>
Fair	<input type="checkbox"/>
Poor	<input type="checkbox"/>

5C How satisfied were you with the time taken to deal with your enquiry?

Very Satisfied	<input type="checkbox"/>
Satisfied	<input type="checkbox"/>
Dissatisfied	<input type="checkbox"/>
Very Dissatisfied	<input type="checkbox"/>

5D Overall, how satisfied were you with the service you received from us?

Very Satisfied	<input type="checkbox"/>
Satisfied	<input type="checkbox"/>
Dissatisfied	<input type="checkbox"/>
Very Dissatisfied	<input type="checkbox"/>

5E If you were unhappy with the service received, did you let us know?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Not Applicable	<input type="checkbox"/>

If **yes**, how satisfied were you with the action we took to remedy the situation?

Very Satisfied	<input type="checkbox"/>
Satisfied	<input type="checkbox"/>
Dissatisfied	<input type="checkbox"/>
Very Dissatisfied	<input type="checkbox"/>

(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	<input type="checkbox"/>	No	<input type="checkbox"/>
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Section 6. Your comments and suggestions are valuable to us:

If you have any comments or suggestions, please write them here:

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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. What is your ethnic group?			
A White			
<input type="checkbox"/>	<input type="checkbox"/>	Scottish	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Irish	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Polish	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Other British			
Gypsy/Traveller			
Other white ethnic group			
If 'Other', please specify:			
B Mixed or multiple ethnic group			
<input type="checkbox"/>	<input type="checkbox"/>	Any mixed or multiple ethnic groups	
Please specify:			
C Asian, Asian Scottish or Asian British			
<input type="checkbox"/>	<input type="checkbox"/>	Pakistani, Pakistani Scottish or Pakistani British	
<input type="checkbox"/>	<input type="checkbox"/>	Indian, Indian Scottish or Indian British	
<input type="checkbox"/>	<input type="checkbox"/>	Bangladeshi, Bangladeshi Scottish or Bangladeshi British	
<input type="checkbox"/>	<input type="checkbox"/>	Chinese, Chinese Scottish or Chinese British	
<input type="checkbox"/>	<input type="checkbox"/>	Other (please specify):	
D African			
<input type="checkbox"/>	<input type="checkbox"/>	African, African Scottish, African British	
<input type="checkbox"/>	<input type="checkbox"/>	Other (please specify):	
E Caribbean or Black			
<input type="checkbox"/>	<input type="checkbox"/>	Caribbean, Caribbean Scottish or Caribbean British	
<input type="checkbox"/>	<input type="checkbox"/>	Black, Black Scottish or Black British	
<input type="checkbox"/>	<input type="checkbox"/>	Other (please specify):	
F Other ethnic group			
<input type="checkbox"/>	<input type="checkbox"/>	Arab, Arab Scottish, Arab British	
<input type="checkbox"/>	<input type="checkbox"/>	Other (please specify):	
G Prefer not to say			

Equalities Monitoring (continued)			
2. How would you describe your gender?			
<input type="checkbox"/>	<input type="checkbox"/>	Male	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		Female
3. 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?			
<input type="checkbox"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		No
<input type="checkbox"/>	<input type="checkbox"/>	Prefer not to say	

Please add any additional comments here

Please return in the envelope provided.

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