How can I make my opinion heard?

- 1. Talk to the YMCA staff and tell us your comments or concerns.
- 2. Complete the form on the inside of this leaflet
- 3. Hand the completed form to department staff or reception. Envelopes can be provided for confidentiality if you require it.

If you are not happy with the response then you can:

- 4. Contact the senior manager of the department in the first instance.
- 5. If you are still not satisfied contact the Chief Executive at our Administrative Address listed below.

All compliments, comments and complaints will be recorded.

Administrative Address Registered Address **Tramway Drive** Wolverhampton WV2 1BJ

38 Carters Green West Bromwich B70 9LG

01902 371 550 info@ymcabc.org.uk ymcabc.org.uk



YMCA enables people to develop their full potential in mind, body and spirit. Inspired by, and faithful to, our Christian values, we create supportive, inclusive and energising communities, where young people can truly belong, contribute and thrive.

FAMILY & YOUTH WORK
HEALTH & WELLBEING
HOUSING
TRAINING & EDUCATION

SUPPORT & ADVICE

Further Action

If you feel your concerns have not been addressed by YMCA Black Country Group having followed "How can I make my opinion heard?" steps 1 to 5, you can contact the following:

Chair YMCA Black Country Group **Tramway Drive** Wolverhampton WV2 1BJ

In respect of services regulated by OFSTED only

Ofsted **Piccadilly Gate** Store Street Manchester M1 2WD

0300 123 1231 enquiries@ofsted.gov.uk

In respect of housing projects only **Housing Ombudsman Service** PO Box 152 Liverpool L33 7WQ 0300 111 3000



Here for young people Here for communities Here for you

Compliments, **Comments &** Complaints

We value your comments and would like to keep getting better. Please help us by giving us your views on the service we provide.

If a response is required, we will respond to your comment within 7 working days.



YMCA BLACK COUNTRY GROUP

Compliments, Comments and Complaints Form

Please inform a member of staff if you need help completing this form

	Compliment	Comment	Complaint	Would you like a written response? Yes No
Name			Phone	Email
				Postcode
Details				
				Signature Date
FOR OFFICE USE ONLY				
Name of staff member receiving form				
Department	nt	Name of staff member responding to form		
Sianature	Date			Date Completed