



## Data Protection

Please take a few moments to complete this survey and return it by email or if applicable by using the pre-paid envelope provided. The information you provide will be used to help the Council monitor and improve the way it deals with requests for information under the Data Protection Act and Freedom of Information Act. If you require further information please contact the Information Governance Team on 0121 704 6169.

## Customer Satisfaction Survey

To what extent do you agree with each statement?

	<i>Strongly Agree</i>	<i>Agree</i>	<i>Not Applicable</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
1. Procedures for requesting information were straightforward and easy to understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Any questions I had about the process were answered to my satisfaction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I am satisfied with the overall time it has taken to fulfil my request for information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. During my request for information, I felt that I was treated fairly, with courtesy and respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I was fully informed of the outcome of my information request, even where information could not be disclosed or was exempt from disclosure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The information leaflets sent to me were informative and useful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Overall, I am satisfied with the way my request for information was handled.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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8. How would you like to find out more information about your rights under the Data Protection Act and Freedom of Information Act?

**Please tick up to 2 boxes.**

Leaflets

Posters

The Councils Internet site [www.solihull.gov.uk](http://www.solihull.gov.uk)

Talking to staff

Other (please provide details)

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**Any other comments?**

Thank you for completing this survey. It would be helpful if you would add your name and address so that you can be contacted to clarify any queries. If you wish to remain anonymous, and would rather not provide your details, your privacy will be respected.

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

Correspondence  
or email address  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Equal Opportunities



### Data Protection

Solihull Metropolitan Borough Council (SMBC) is committed to Equal Opportunities. Within our Equal Opportunities Policy, SMBC attempts to promote fairness and equality of access to all in respect of service provision and employment.

The aim of our policy is to ensure that no individual receives less favourable treatment on grounds of colour, race, ethnic or national origin, gender, disability, sexual orientation, age or religion. In order to help us monitor this it would be helpful if you could provide some additional information about yourself

### **Gender**

Male

Female

### **Age Group**

Under 16 years  35 – 44 years

16 – 24 years  45 – 59 years

25 – 34 years  60+ years

### **Ethnicity**

#### White

British

Irish

Any other White background

#### Black or Black British

Caribbean

African

Any other Black background

#### Mixed

Caribbean

White and Black African

White and Asian

Any other Mixed Background

#### Chinese or other Ethnic Group

Chinese

Any other ethnic group

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian Background

**Language:**

Is your first language English? Yes/No

If no, Please state first language: \_\_\_\_\_

**Disability**

Under the Disability Discrimination Act (DDA) 1995 the Act defines a disability as “a physical or mental impairment which has a substantial and long-term adverse effect on the ability to carry out normal day-to-day activities. Do you have an illness or condition that is considered a disability as defined under the DDA?:-

YES      NO

If yes, please state nature of disability:

- Visual Impairment
- Hearing Impairment
- Learning Disability
- Physical Disability

Other \_\_\_\_\_

**Thank You**