

# Online complaints process

## Introduction

We have recently changed the way in which we gather information from customers about their complaint, to allow customers to make a complaint over the phone rather than in writing.

Because this is a new approach for us, we are really interested to hear what our customers think about it.

As somebody who has used this new approach, would you be able to spend five minutes completing this survey to tell us what you thought of this way of gathering complaints information?

The survey is really simple to complete. By taking the time to share your views you will be helping Parliamentary and Health Service Ombudsman make sure its new way of gathering complaints information is as easy as possible for customers to use.

Everything you say will be kept completely anonymous.

To start the survey, please click on the 'next' button below.

The first question is about the person you spoke to over the phone who gathered information on your complaint.

### **\*1. To what extent do you agree or disagree with the following statements about the person who took down the details of your complaint?**

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
The person I spoke to was polite	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The person I spoke to listened to what I had to say	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The person I spoke to clearly explained what would happen next following our conversation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Your views on the online form

After your call we sent you a link to a web page. You should have been able to look at and change the details of your complaint there.

We would like to gather some information on your experience of using this service.

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**\*2. How easy or difficult was it for you to do each of the following activities on the form?**

	Very difficult	Quite difficult	Neither difficult nor easy	Quite easy	Very easy	N/A
How easy was it to record your personal details on the form?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How easy was it to navigate the different pages?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How easy was it to amend or update information about your complaint?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How easy was it to upload your documents?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall, how easy was it to use this process to submit your complaint to the Ombudsman?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Your views on the online form (continued)

**\*3. Did you have any problems or difficulties when using the form?**

- Yes
- No

**4. What kind of problems or difficulties did you face?**

**Please write your response in the space provided**

## Your views on the written description of your complaint

The online form included a written description of your complaint.

**\*5. To what extent do you agree or disagree that the written description you were sent fully captured all the relevant details of your complaint?**

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**\*6. To what extent do you agree or disagree that the written description of your complaint was easy to understand?**

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Improving the online form

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**\*7. Is there anything about the online form that you think could be improved?**

- Yes
- No

**8. What would you like to see improved?**

## About you...

The last few questions ask you to provide some information about yourself. These questions help us to ensure that we speak to a broad range of customers.

**\*9. Are you...**

- Male
- Female
- Rather not say

**\*10. which of the following age groups do you belong to?**

- 16-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75-84
- 85+
- Rather not say

**\*11. Would you say that you had any special communication requirements that the Ombudsman needed to consider when handling your enquiry?**

- Yes
- No

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### 12. What were your requirements?

Please write your answer in the space provided

### \*13. Did the Ombudsman meet your requirements?

- Yes
- No

## About you... (continued)

### \*14. Which of the following best describes your ethnic group?

- White English/ Welsh/ Scottish/ Northern Irish/ British
- White Irish
- Any other white background
- Black African/ African British
- Black Caribbean/ Caribbean British
- Any other Black/ African/ Caribbean background
- Asian Indian
- Asian Pakistani
- Asian Bangladeshi
- Any other Asian background
- Mixed White and Black Caribbean
- Mixed White and Black African
- Any other Mixed background/ ethnic group
- Arab
- Chinese
- Any other ethnic group
- Rather not say

## Thank You

Thank you for taking the time to complete this survey. Your responses will help the Ombudsman to improve the online complaints form for all customers.

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**\*15. We may wish to ask some people who have completed this survey some follow-up questions to understand their responses in more detail. Would you be happy for us to contact you if we want more information?**

Yes

No

**16. If you are happy to be contacted, you will need to provide some contact details so we can reach you. If we decide to ask for any follow-up information we will give you details beforehand so you can decide whether or not to take part. If you would rather not be contacted, then please leave these options blank.**

Name

Telephone

Email

If you would like to go back and amend any of your responses then please do so. Once you are happy to submit your responses, please click on the 'Done' button below.