

Ethnic Minority Action Group survey

First Name:

Last name:

Full Postal Address:
(not obligatory)

Q1: In order of importance what are your 5 top issues from the following list with 1 being the most important and 5 being the least important

- | | |
|---|---|
| Repairs..... <input type="checkbox"/> | Crime..... <input type="checkbox"/> |
| Anti-social behaviour..... <input type="checkbox"/> | Parking..... <input type="checkbox"/> |
| Accessing council services..... <input type="checkbox"/> | Allocation of council housing..... <input type="checkbox"/> |
| Overcrowding..... <input type="checkbox"/> | Activities for young people..... <input type="checkbox"/> |
| Racial harassment..... <input type="checkbox"/> | |
| Environmental (fly tipping, rubbish collection, litter etc)..... <input type="checkbox"/> | |

Q2: Gender Male..... Female.....

Q3: Ethnicity What is the ethnicity of your household?

	White	Black- African/ Caribbean	Asian	Mixed	Other
You	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q4: What is your tenure type?

- Council Tenant.....
- Council Leaseholder.....
- Private Leaseholder.....
- Housing Association Tenant.....
- Freeholder.....
- Permanent (if Council or HA).....
- Temporary (if Council or HA).....

Thank you very much for your time.

Date.....