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**Code of Conduct Complaint – Equality Monitoring Form**

**Please note that you don’t have to answer these questions if you don’t want to.**

**If you choose not to answer these questions, please tick the ‘prefer not to disclose’ option so that we are aware of your choice.**

**Your information is used to understand which groups of people are using our Code of Conduct Complaint procedure. This information then helps us to understand where people are underrepresented.**

**It also helps us ensure that you are treated fairly and equitably in everything we do. Without your information, we can't always spot trends and issues which enable us to make changes or improvements.**

**Your anonymity is assured. Any information provided is governed by the General Data Protection Regulation 2018 and will be treated as strictly confidential.**

1. If you choose not to answer any of these questions, please tick the ‘Prefer not to disclose’ option so that we are aware of your choice.

(Prefer not to disclose)

1. Are you:

Female

Male

Prefer to self-describe (please specify): ………………………………………………………………..

Prefer not to say

1. Which age group do you fit into?

Under 16

16-24 25-34

35-44 45-54

55-64 65-74

75+ Do not want to say

1. The provision for disability within Equalities legislation defines a person as disabled if they have a physical or mental impairment, which has a substantial and long term (i.e. has lasted or is expected to last at least 12 months) and has an adverse effect on the person’s ability to carry out normal day-to-day activities. Do you consider yourself to have a disability according to the terms given in the Equality legislation?

Yes No

1. If you have answered yes to the above question, please indicate the type of impairment which applies to you from the list below.

People may experience more than one type of impairment, in which case please select all that apply. If your disability does not fit any of these types, please mark ‘Other’.

Mobility Hearing

Vision Learning

Mental Health Communication

Other (Please state below):

……………………………………………………………………………………………………………….

1. To which of these groups do you consider you belong?

Asian or Asian British: Indian

Asian or Asian British: Pakistani

Asian or Asian British: Bangladeshi

Any other Asian background (please specify)…………………………………………………………..

Black or Black British: Caribbean

Black or Black British: African

Any other Black background (please specify)…………………………………………………………..

Chinese

Mixed: White and Black Caribbean

Mixed: White and Black African

Mixed: White and Asian

Any other Mixed background (please specify)………………………………………………………….

White: English

White: Irish

White: Scottish

White: Welsh

White: British

Gypsy or Irish Traveller

Other white background (please specify)………………………………………………………………..

Do not want to say

1. Your religion or belief - What group do you most identify with?

No religion Baha'i

Buddhist Christian

Hindu Jain

Jewish Muslim

Sikh

Any other religion or belief (specify if you wish) ……………………………………………………….

1. What is your sexual orientation?

Bisexual

Gay man

Gay woman/Lesbian

Heterosexual/Straight

No sexuality

Other

Prefer not to say

Same sex relationship with a man

Same sex relationship with a woman

**Please send this form to: Councillor Services, Suffolk County Council, Endeavour House, 8 Russell Road, Ipswich IP1 2BX**