# **Regulatory Statement – Consultation Questions**

## **Your details**

### What is your name?

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### Are you responding as an individual or an organisation?

[ ]  Individual

[ ]  Organisation

|  |
| --- |
| If responding on behalf of an organisation, please enter the organisation's name here       |

## **Publishing your response**

We would like your permission to publish your consultation response.

### How should we publish your response?

[ ]  Publish the response with **my name**

[ ]  Publish the response with **my organisation’s name only**

[ ]  Publish the response **anonymously** (we may identify you as part of a specific stakeholder group e.g. consumer organisation or legal services provider)

[ ]  **Do not publish my/our response** (we may identify you in the analysis as part of a specific stakeholder group e.g. consumer organisation or legal services provider)

## **Privacy policy**

I confirm that I have read the [privacy policy](https://www.scottishlegalcomplaints.org.uk/about-us/privacy/privacy-notice/) and consent to the data I provide being processed as set out in the policy

[ ]  I consent

## **Consultation questions**

We will now ask questions on the paper we are consulting on**.** There is no requirement to respond to every question. You may choose to respond only to the questions or sections you have an interest in.

### Do you agree that our Regulatory Statement adequately reflects the regulatory objectives, our approach and responsibilities?

[ ]  Agree

[ ]  Disagree

[ ]  Don’t know

### Do you have any comments on our understanding of the regulatory objectives and how they apply to our work?

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### Do you have any comments on our approach?

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### Is there any other evidence or information we should be taking into account in this statement?

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### Do you have any other comments to make?

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## **Monitoring**

We strive to capture input from a wide range of stakeholders and would like your assistance to help monitor this. This data is not disclosed or used for any other purpose.

### Where did you hear about this consultation?

[ ]  SLCC website

[ ]  Email from SLCC

[ ]  SLCC consultation alert

[ ]  SLCC X (Twitter)

[ ]  SLCC LinkedIn

[ ]  News article

[ ]  Social media/email of an organisation you follow

[ ]  Internet search

[ ]  Other, please say where:

### What is your age?

[ ]  Under 16

[ ]  16-18

[ ]  19-24

[ ]  25-34

[ ]  35-49

[ ]  50-64

[ ]  65 and over

[ ]  Prefer not to say

### Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

[ ]  Yes

[ ]  No

[ ]  Prefer not to say

### If ‘yes’ please select all that apply

[ ]   Deafness or partial hearing loss

[ ]   Blindness or partial sight loss

[ ]  Full or partial loss of voice or difficulty speaking

[ ]   Learning disability

[ ]   Learning difficulty

[ ]   Developmental disorder

[ ]   Physical disability

[ ]   Mental health condition

[ ]   Long-term illness disease or condition

[ ]   Other condition – specify if you wish

### What is your ethnic group?

[ ]  Scottish

[ ]  Other British

[ ]  Irish

[ ]  Polish

[ ]  Roma

[ ]  Showman/ Showwoman

[ ]  Any other White background

[ ]  Pakistani, Scottish Pakistani or British Pakistani

[ ]  Indian, Scottish Indian or British Indian

[ ]  Bangladeshi, Scottish Bangladeshi or British Bangladeshi

[ ]  Chinese, Scottish Chinese or British Chinese

[ ]  Caribbean or Black

[ ]  African, Scottish African or British African

[ ]  Arab, Scottish Arab or British Arab

[ ]  Mixed or multiple ethnic groups

[ ]  African, Scottish African or British African

[ ]  Other ethnic group – specify if you wish

[ ]  Prefer not to say

### What is your sex?

[ ]  Female

[ ]  Male

[ ]  Prefer not to say

### Do you consider yourself to be trans, or have a trans history?

[ ]  Yes

[ ]  No

[ ]  Prefer not to say

## **Evaluation**

### How satisfied were you with this consultation?

[ ]  Satisfied

[ ]  Neither satisfied nor dissatisfied

[ ]  Dissatisfied

### We would welcome any comments you have on the content or format of this consultation

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## **Consultation alerts**

### Would you like to receive email alerts about future SLCC consultations?

[ ]  Yes

[ ]  No

### If ‘yes’ please add your details below

Preferred title

First name

Surname

Email address