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**Do not publish my/our response** (we may identify you in the analysis as part of a specific stakeholder group e.g. consumer organisation or legal services provider)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

|  |
| --- |
|  |

## **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