

Fitness to Practise Witness Feedback Form

We aim to provide witnesses with a high standard of care and assistance. We are aware that it can be a difficult time, and value the feedback that you can provide to assist us in making improvements in the future.

We would be grateful if you could take a moment to complete the questionnaire below.

Your name: Date of hearing:						Case reference number: Case name:					
	Initial contact						If we made travel and accommodation				
Q1	Do you feel that we provided you with enough information about the fitness to practise process?						arrangements for you, were these satisfactory?				
	1	2	3	4	5		1	2	3	4	5
Q2	-	How well did we answer any questions you After the hear O11 Did we deal properly with a									
	1	2	3	4	5		4	2	2	4	-
Q3	How prom	ptly dic	d we resp	ond to	your questions?		1	2	3	4	5
	1	2	3	4	5	Q12	Did you f	ind our witness pack helpful?			
Q4	Did we ke progress o			ely infor	med of the		1	2	3	4	5
	1	2	3	4	5	Q13	Overall, do you feel that we have been helpful and sensitive towards you?				
Q5	If our solicitors took a witness statement from you, did they explain why it was necessary, talk you through the process and answer any questions?						1	2	3	4	5
	1	2	3	4	5	Q14	Can you r could imp				to how we
		Tł	he heari	ng				,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	очрро.	••
Q6	Did we giv	ve you s		_	of the final	_					
	1	2	3	4	5	-					
Q7	Did we fully explain what would happen at the hearing?					Q15	Is there anything that you found particularly helpful or anything that you feel we did well?				
	1	2	3	4	5	_					
Q8	Having attended the hearing do you feel this explanation was accurate?					_					
	1	2	3	4	5						
Q9	Were you properly looked after during the hearing?					Please feel free to make any further comments on the back of this form.					
	1	2	3	4	5	Thar	nk you foi	your t	ime.		