

Witness Feedback Form

Understanding your experience as a witness helps us to monitor and improve our services. We would be grateful if you fill in this form and return it to us at hearings@hcpts-uk.org.

Case Name: _____

FTP Number: _____

Please tick ONE of the following boxes:

Before the hearing:

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
Q1 After providing a witness statement, I was told what would happen next:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q2 I received pre-hearing contact from a Hearings Officer by email and/or telephone:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q3 I was given clear details of who to contact for more information:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q4 The information I received addressed any queries or concerns that I had:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q5 I was happy with the travel and accommodation arranged by the HCPTS:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q6 The written correspondence I received from the HCPTS prior to the hearing was clear and helpful:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

At the hearing:

		Strongly Agree	Agree	Partly Agree	Disagree	Strongly Disagree
Q1	When I arrived for the hearing, I was greeted professionally and directed to the witness waiting area:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q2	I received a briefing from the HCPTS Presenting Officer before giving evidence:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q3	I was shown the hearing room before giving evidence:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q4	I was kept informed about what was happening during the hearing:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q5	The witness waiting area was comfortable:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q6	The Hearings Officer answered any questions I had for them:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q7	I felt prepared for giving evidence:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q8	<i>(if applicable)</i> I was satisfied with any special requirements I requested:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q9 What did you find most helpful about your experience and why?

Q10 Please tell us below if you have any further comments about your experience.

Thank you for taking the time to give us your feedback.

Your Name: _____ **(Optional)**

Date: _____

Please indicate if you do not want us to contact you if you have raised a particular issue we want to follow up: