

## 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.

Please circle the number from 1 to 5 that you feel best reflects our performance in relation to questions below (1 = lowest, 5 = highest).    Please circle the number from 1 to 5 that you feel best reflects our performance in relation to questions below (1 = lowest, 5 = highest).    Please circle the number from 1 to 5 that you feel best reflects our performance in relation to questions below (1 = lowest, 5 = highest).    Please circle the number from 1 to 5 that you feel best reflects our performance in relation to questions below (1 = lowest, 5 = highest).    Please feel free to make any further comments on the back of this form.   Please feel free to make any further comments on the back of this form.   Please feel free to make any further comments on the back of this form.   Please feel free to make any further comments on the back of this form.   Please feel free to make any further comments on the back of this form.   Please feel free to make any further comments on the back of this form.   Please feel free to make any further comments on the back of this form.   Please feel free to make any further comments on the back of this form.   Please feel free to make any further comments on the back of this form.   Please feel free to make any further comments on the back of this form.   Please feel free to make any further comments on the back of this form.   Please feel free to make any further comments on the back of this form.   Please feel free to make any further comments on the back of this form.   Please feel free to make any further comments on the back of this form.   Please feel free to make any further comments on the back of this form.   Please feel free to make any further comments on the back of this form.   Please feel free to make any further comments on the back of this form.   Please feel free to make any further comments on the back of this form.   Please feel free to make any further comments on the back of this form.   Please feel free to make any further comments on the back of this form.		Your name:						Case reference number:						
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