

Your Comments



To improve our service, please help us by completing this form and returning it in the enclosed envelope (**you do not need a stamp**).

PLEASE TICK ONE BOX TO ANSWER EACH QUESTION **Date Issued**

The person that dealt with your matter was

1. Were you satisfied with what we did for you?

1Very Satisfied 2Fairly Satisfied 3Fairly Dissatisfied 4Very dissatisfied

1a. Comments?

2. Were we approachable and friendly?

1Very friendly 2Fairly friendly 3Fairly unfriendly 4Very unfriendly

2a. Comments?

3. Would you recommend us to someone else if they needed legal help or advice?

1Definitely 2Likely 3Unlikely to 4Certainly not

3a. Please give your reason(s)

4. Was the result of your case better, worse or the same as we had advised you?

1Much Better 2Better 3Same 4Worse

Thank you for completing this questionnaire.

If you wish to tell us, please complete your name and address below.

Name: _____

Address: _____

Do you have any further comments or suggestions that may help us to improve our level of service?

Do you want us to reply to your comments? Yes No

The Public Defender Service wishes to use customer comments (these can be anonymous) in its Annual Report and other promotional material.

If you do NOT wish your comments to be used, please tick this box.

Apart from legal assistance, did you receive any other support or advice from the Public Defender Service? If yes, please give details below.

For Office Use (Form PDS 24)

Entered on Register

Line number _____

[MSC13] – [FCV01]