**Feedback Form**

Thank you for assisting the General Optical Council (GOC) to fulfil our statutory duty in dealing with complaints. We welcome feedback on your experience as a witness to help us improve how we support witnesses in the future. Please take a few minutes to complete this form. We are interested in receiving your views on the help provided by our staff and our solicitors. Please return the form to:

Fitness to Practise

General Optical Council

10 Old Bailey

London

EC4M 7NG

or by email to ftp@optical.org

Please rate our performance on a scale of 1 to 5, where 1 = unacceptable, 2 = improvement needed, 3 = average, 4 = good and 5 = excellent.

**Before the hearing**

1. Our initial contact with you is likely to have been by a member of our team who may be a member of staff or an external solicitor representing the GOC. Was our request for you to make a witness statement communicated appropriately?

Unacceptable Excellent

1 2 3 4 5

2. How satisfied were you with the assistance provided in preparing your witness statement?

Unacceptable Excellent

1 2 3 4 5

3. How satisfied were you with the assistance our team provided to you before the hearing?

1. Information about the date, time and venue of the hearing

Unacceptable Excellent

1 2 3 4 5

1. Information about what would happen at the hearing

Unacceptable Excellent

1 2 3 4 5

1. Responding to your questions about the process

Unacceptable Excellent

1 2 3 4 5

1. Information about expenses

Unacceptable Excellent

1 2 3 4 5

1. Planning and booking travel and accommodation arrangements

Unacceptable Excellent

1 2 3 4 5

1. Were the members of our team, polite, helpful and sensitive to your needs?

Unacceptable Excellent

1 2 3 4 5

1. Did the members of our team respond to your requests for information in a timely way?

Unacceptable Excellent

1 2 3 4 5

1. How useful was our witness information booklet and expenses guidance in preparing you to attend the hearing?

Unacceptable Excellent

1 2 3 4 5

**On the day of the hearing**

4. How satisfied were you with the information available on the day of the hearing?

1. Arrangements for greeting you on arrival and showing you where to wait

Unacceptable Excellent

1 2 3 4 5

1. Keeping you informed of waiting times on the day of the hearing

Unacceptable Excellent

1 2 3 4 5

1. Explaining who was in the hearing room when you gave evidence

Unacceptable Excellent

1 2 3 4 5

1. Responding to your questions about the process

Unacceptable Excellent

1 2 3 4 5

5. How satisfied were you with the facilities at the hearing centre?

1. The layout of the hearing room

Unacceptable Excellent

1 2 3 4 5

1. The microphone system

Unacceptable Excellent

1 2 3 4 5

1. Video conference facility (if used)

Unacceptable Excellent

1 2 3 4 5

1. Facilities in the waiting room

Unacceptable Excellent

1 2 3 4 5

**After the hearing**

6. How satisfied are you with what happened after the hearing?

1. Contact with members of our team immediately after you had completed your evidence

Unacceptable Excellent

1 2 3 4 5

1. Information about the eventual outcome of the case

Unacceptable Excellent

1 2 3 4 5

1. Arrangements for claiming and paying expenses

Unacceptable Excellent

1 2 3 4 5

1. Adequacy of the expenses paid and speed of payment

Unacceptable Excellent

1 2 3 4 5

**Other**

7. What did you find most helpful and why?

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8. Do you have any comments on things we could improve?

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9. It will help us to provide feedback to staff and to our solicitors of you can provide the reference number of the case or case name of the hearing you were involved in. If you would prefer not to tell us, just leave this blank.

Case reference: ……………………………..

Case name: ………………………………….

**About you**

To help us make sure our witness service meets the needs of people from all different backgrounds, we would be grateful if you could complete the following section.

If you prefer not to give information for this purpose, please leave the relevant sections blank below or tick here

Gender Male Female

Age range (years)

Under 16 17-24 25-34 35-44

45-54 55-64 Over 65

Ethnicity

White Mixed Asian or Asian British

Black and Black British Other ethnic group

Would you describe yourself has having a disability or impairment?

Yes No

Did we make the necessary adjustments for you? Yes No

If you answered no, please explain in the box below

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Thank you for taking the time to complete this form