

Legal Aid Service Quality Feedback Form

Your Name

Your Email

Type of Legal Issue

Date of Service

Accessibility of Service

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

Communication Clarity

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

Respect and Empathy

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

Was the outcome explained to you?

Comments or Suggestions