



To be accomplished by PAO personnel:






Control No.: \_\_\_\_\_ Name of Public Attorney/staff: \_\_\_\_\_ Date: \_\_\_\_\_  
Nature of Request: \_\_\_\_\_  
Representation \_\_\_\_\_ Inquest assistance \_\_\_\_\_ Mediation and conciliation \_\_\_\_\_ Documentation \_\_\_\_\_ Jail visitation \_\_\_\_\_  
Legal outreach \_\_\_\_\_ Limited Services \_\_\_\_\_ Administration of oath \_\_\_\_\_ Legal counseling \_\_\_\_\_ Others \_\_\_\_\_

To be accomplished by the client:

## PAO Survey Form

Name (optional): \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Please rate our services using a 5-point scale, where "5" means you "strongly agree" and "1" means you "strongly disagree" on the statement. Check (✓) the box that corresponds to your answer. Write N/A if the question is not applicable.

Questions		Strongly Agree 5 	Agree 4 	Neutral 3 	Disagree 2 	Strongly Disagree 1 
1	The PAO personnel immediately asked me about my concerns and courteously assisted me.					
2	The PAO adequately provided the legal assistance/advice that I need.					
3	The PAO premises are tidy, and pathways are free from obstruction.					
4	There are signs and instructions on how to avail of PAO services.					
5	I understood the legal advice and instructions given by the PAO personnel.					
6	The concerned PAO personnel assisted me without asking for any consideration, in money or in kind.					
7	The PAO personnel was competent. He/she understood my concerns, and addressed it accordingly.					
8	I did not experience any discrimination or bias because of my sex/gender, age, race, religion, or political opinion.					
9	I am satisfied with the legal service rendered by the PAO.					

Comments/Suggestions: \_\_\_\_\_

Thank you! Your feedback is important to improve our service.