

Client Feedback Questionnaire

legal services

COMMISSION

As part of our commitment to improving the service we provide, we send our clients this feedback questionnaire. We would be grateful if you could help us by completing this form and returning it in the enclosed envelope (you do not need a stamp). Please be assured that the survey is completely confidential and unless you complete your details at the end, we will not know who has taken part. You may recall that _____ dealt with your enquiry/case.

Agency Name _____

Law Area Code _____ Date Issued ____ / ____ /20____

Fee Earner/Advisor _____

Q1. How satisfied were you with our overall level of service?

PLEASE TICK ONE BOX

Very satisfied

Fairly dissatisfied

Fairly Satisfied

Very dissatisfied

Undecided

Q1a. If dissatisfied, please tell us briefly why this is.

Q2. Did we give you information/advice that was easy to understand?

PLEASE TICK ONE BOX

Very easy

Fairly difficult

Fairly easy

Very difficult

Undecided

Q2a. How might we improve?

Q3. How informative did you find our staff?

PLEASE TICK ONE BOX

Very good

Fairly poor

Fairly good

Very poor

Undecided

Q4. How well did we keep you up-to-date with progress?

PLEASE TICK ONE BOX

Very well

Fairly poor

Fairly well

Very poor

Undecided

Not Applicable – one off advice given

Q5. How well did we listen to what you had to say?

PLEASE TICK ONE BOX

Very well

Fairly poor

Fairly well

Very poor

Undecided

Q6. Did we treat you fairly at all times?

PLEASE TICK ONE BOX

Yes No Don't know

Q6a If you believe you were treated unfairly due to e.g. your ethnic background, sex, religion or any other reason please tell us briefly what happened.

Q7. Would you recommend us to someone else if they needed legal help or advice?

PLEASE TICK ONE BOX

Certain to Unlikely to
 Likely to Certain not to
 Undecided

Q7a. Please give your reason(s) for your answer to Q7.

Q8. Was the result of your case better, worse or the same as we had advised you?

PLEASE TICK ONE BOX

Better Same Worse

Q9. Please tell us how you heard about our organisation and whether it was easy or difficult to make initial contact.

Q10. Do you have any further comments or suggestions that may help us to improve our level of service? Please continue on another sheet if necessary.

Thank you for completing this questionnaire. Your responses are completely confidential. However, if you would like us to contact you to discuss any of the issues raised, please complete your name and address below.

IF YOU DO NOT REQUIRE US TO CONTACT YOU PLEASE LEAVE THIS SECTION BLANK.

Name: _____

Address: _____
