

CLIENT SURVEY

Thank you for the opportunity to provide legal services to you.

We are committed to continually improve the quality of our services. Please assist by completing the following survey and returning it to us in the self addressed envelope provided. No postage is required to be paid by you.

Your name (optional) _____
Who handled your matter? (optional) _____

Reception				
How do you rate the manner you were received in the reception area?	<input type="checkbox"/> Poor	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
How do you rate the manner in which your telephone calls were answered?	<input type="checkbox"/> Poor	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent

Service Delivery				
Were your telephone calls returned promptly?	<input type="checkbox"/> Poor	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Was the work performed within the timeframe indicated?	<input type="checkbox"/> Poor	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
How do you rate the accessibility of the person who handled your matter?	<input type="checkbox"/> Poor	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent

Quality of Service				
How do you rate the extent to which our secretarial & other staff were courteous friendly & efficient?	<input type="checkbox"/> Poor	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
How do you rate the extent to which the solicitor or clerk who handled your matter was courteous, friendly and efficient?	<input type="checkbox"/> Poor	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
How do you rate the extent to which your matter and the relevant issues were explained to you?	<input type="checkbox"/> Poor	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent

How do you rate the extent to which you were kept informed of developments and progress in your matter?	<input type="checkbox"/> Poor	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
How do you rate the clarity of the written and verbal advices given to you?	<input type="checkbox"/> Poor	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent

Cost of Services				
How do you rate the explanation of the costs involved?	<input type="checkbox"/> Poor	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
How do you rate the reasonableness of our fees?	<input type="checkbox"/> Poor	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent

General

Would you use our practice again?

Yes

No

If "Yes" why? _____

If "No" why? _____

Where did our practice exceed your expectations? _____

Where did our practice fail to meet your expectations? _____

Do you have any other comments _____
