

CLIENT FEEDBACK QUESTIONNAIRE

Solicitor/Legal Adviser: _____	Matter No _____
Client Name: _____	Date: _____

We are always working to improve the quality and efficiency of our legal services. Your honest evaluation of our services will help us assess how well we served you, and what we might do to improve our service in the future. Please take a moment to answer the following questions.

- | | | |
|--|---------------------------------|--------------------------------|
| 1. Were our Receptionist/Telephonist staff courteous and efficient? | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| 2. Were the rest of our staff courteous and efficient? | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| 3. Was the advice you received delivered clearly and was it easily understood? | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| 4. Were you left with a favourable impression of our firm? | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| 5. Were your telephone calls returned promptly? | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| 6. Was all correspondence (letters or emails) replied to promptly? | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| 7. Have you any suggestions to assist us to improve our service? | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| 8. Would you use our services again? | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |

Do you have any additional comments to make:
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THANK YOU VERY MUCH FOR YOUR TIME AND CO-OPERATION!
Please return the completed form in the enclosed stamped addressed envelope