

Client Satisfaction Survey

Clients name:

Partner / Fee earner:

File number:

	Poor	Fair	Good	Excellent
<p>1. How would you rate our reception area and the greeting you received?</p> <p>If poor or fair, how do you think we could improve this aspect of our practice?</p>				
<p>2. How would you rate our verbal communication with you? (e.g phone or in the office)</p> <p>If poor or fair, how do you think we could improve their service to you?</p>				
<p>3. How would you assess the communication, be it by letter or e-mail, that you received (including the way we communicate and explain our data protection obligations to you as set out in our Privacy Policy) ?</p> <p>If poor or fair, how could we have improved this for you?</p>				
<p>4. How would you rate your understanding and commitment to the action that was taken on your behalf?</p> <p>If poor or fair how could this have been improved for you?</p>				
<p>5. In general terms, how would you assess our service for you?</p> <p>If you have any suggestions for how we could improve things that have not been dealt with above, please comment here</p>				
<p>6. Would you be likely to recommend this firm to others?</p>				

	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undecided
Your interest in other services:	
We'd like to know whether there are other services we provide which might be of interest to you. We can also contact you if we have information or are running a campaign about that area of work.	
7. What topics/ areas of law are you interested in using our firm for in the future? (Please tick)	<input type="checkbox"/> Employment <input type="checkbox"/> Children <input type="checkbox"/> Criminal <input type="checkbox"/> Wills <input type="checkbox"/> Trusts/Probate <input type="checkbox"/> Conveyancing <input type="checkbox"/> Family <input type="checkbox"/> Commercial/company work <input type="checkbox"/> Mediation <input type="checkbox"/> Remortgage <input type="checkbox"/> Dispute Resolution <input type="checkbox"/> Other
8. If you would like us to contact you now about any of these topics or areas of law, please tick this box <input type="checkbox"/> and indicate how you would like us to make contact by placing the appropriate information opposite	<input type="checkbox"/> Home Telephone Telephone number (including STD code) <input type="checkbox"/> Mobile number <input type="checkbox"/> Email Email address <input type="checkbox"/> Post

Thank you for your time and trouble in completing this form. We would be grateful if you could indicate, in the spaces provided, which aspects of our firm, if any, that you feel would benefit from improvement.

Please kindly return the form to our office at your earliest convenience.

Signed

Dated