|  |  |
| --- | --- |
| **Client Feedback Questionnaire** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 to us. 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. |  | For office use only | | |
| Ref |  | |
| Date |  | |
|  |  | |  |

Please tick one box only

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Q1** | How satisfied were you with our overall level of service? | 🞅  Very satisfied | 🞅  Fairly satisfied | | 🞅  Undecided | 🞅  Fairly dissatisfied | | 🞅  Very dissatisfied |
| **Q2** | Did we give you information and advice that was easy to understand? | 🞅  Very easy | 🞅  Fairly easy | | 🞅  Undecided | 🞅  Fairly difficult | | 🞅  Very difficult |
| **Q3** | How informative did you find our staff? | 🞅  Very good | 🞅  Fairly good | | 🞅  Undecided | 🞅  Fairly poor | | 🞅  Very poor |
| **Q4** | How well did we keep you up-to-date with progress | 🞅  Very well | 🞅  Fairly well | | 🞅  Undecided | 🞅  Fairly poor | | 🞅  Very poor |
| **Q5** | How well did we listen to what you had to say? | 🞅  Very well | 🞅  Fairly well | | 🞅  Undecided | 🞅  Fairly poor | | 🞅  Very poor |
| **Q6** | Did we treat you fairly at all times? | 🞅  Yes | 🞅  No | | 🞅  Don’t know |  | |  |
| **Q7** | Would you recommend us to someone else if they needed legal help or advice? | 🞅  Certain to | 🞅  Likely to | | 🞅  Undecided | 🞅  Unlikely to | | 🞅  Certain not to |
| **Q8** | Please tell us how you heard about us | 🞅  I’m an existing client | | 🞅  Passing by | | | 🞅  Duty solicitor | |
| 🞅  Recommendation by friend/family | | 🞅  Recommendation from professional | | | 🞅  Internet search | |
| 🞅  Other (please specify)…………………………………… | | | | | | |
| **Q9** | Do you have any further comments or suggestions that may help us to improve our level of service (please continue overleaf if necessary) | | | | | | | | |
|  |  | | | | | | | | |

Thank you for completing this questionnaire. Your responses are completely confidential. If you wish to provide us with your name and contact details or would like us to contact you then please do so but you are not obliged to do so.

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
|  |  |
| Telephone no: |  |
|  | |