

Client Satisfaction Survey

Clients name: Partner / Fee Earner: File number:

	Poor	Good	Excellent	n/a
1. How would you rate our reception area and the greeting you received? If poor or good, how do you think we could improve this aspect of our practice?				
2. How would you rate our verbal communication with you? (e.g phone or in the office) If poor or good, how do you think we could improve their service to you?				
3. How would you assess the communication, be it by letter or e-mail, that you received? If poor or good, how could we have improved this for you?				
4. How would you rate your understanding and commitment to the action that was taken on your behalf? If poor or good how could this have been improved for you?				
5. In general terms, how would you assess our service for you? If you have any suggestions for how we could improve things that have not been dealt with above, please comment here				
Would you be likely to recommend this firm to others?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undecided			

Thank you for your time and trouble in completing this form.