

CLIENT FEEDBACK SURVEY

We aim to provide the best service to our clients. To enable us to continually improve, please give us your feedback by completing this form and returning to us at the address provided below. Answers will be kept confidential.

Client's Name: _____

You may recall that _____ dealt with your case.

1. How satisfied were you with the overall service received from us?							
Extremely satisfied	<input type="checkbox"/>	Satisfied	<input type="checkbox"/>	Not satisfied	<input type="checkbox"/>	Unsure	<input type="checkbox"/>
Please state reasons why:							
2. Do you think your objectives were understood?							
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				
If no, please give reasons why:							
3. Were you given clear advice as to your options before, during and after the matter?							
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				
If no, please give reasons why:							
3. Did we meet your objectives?							
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				
If no, please give reasons why:							
5. In general, how satisfied were you with the service you received from [name of practice] in relation to:							
		Extremely satisfied	Satisfied	Not satisfied	Unsure		
Timeliness in responding to telephone calls, emails and letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
The turnaround time on your matter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Clarity of written communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Quality of legal advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6. Having received your bill for legal fees and costs, do you think the service we offer is value for money?							
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				
Please give reasons why:							

7. What could we do to improve the service you received from us?
8. What other services could we offer that would improve our service?
9. Would you recommend the practice to a colleague, friend or family member?
Yes <input type="checkbox"/> No <input type="checkbox"/>
Please give reasons why:
10. Please use the space below for any additional comments:

Thank you for taking the time to complete this form.

Please return this form to Trinity Solicitors via 61A West Ham Lane, Stratford, London, E15 4PH.

Date.....