

CLIENT SERVICE QUESTIONNAIRE

How were you referred to our firm? (Please \checkmark appropriate box)

- Referred by someone. Name _____
- Know attorney or staff member personally. Name _____
- Other (please explain) _____

Why did you select our firm?

- Convenient location
- Firm/Attorney reputation
- Personal/business relationship with attorney or staff member
- Other (please explain) _____

What is your opinion on the following?

	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Convenience of office location	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting through to attorney on the phone	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Returned phone calls	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attorney explained things clearly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courteousness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff helpfulness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keeping you informed about your case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attorney met with me when I wanted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attorney seemed concerned about me as a person	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, what is the level of satisfaction with our service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What did you like best about our service? Promptness - Professional

How could we improve our service? _____

Do you feel you could have handled your case as well without an attorney?

Yes No

Would you ask our firm to handle another case for you?

Yes No

Would you refer a friend to our firm?

Yes No

May we include your comments (we will use your first name only) in our marketing materials?

Yes No

Optional:

Name

Joe & Colleen

Thank you for taking the time to complete our questionnaire.
Please feel free to call our office any time we can be of service to you.