

MOTLEY & HOPE

Solicitors & Family Mediators

Client Feedback Questionnaire

Date Issued: Xxxxx 2004

*As part of our commitment to improving the service we provide, we are sending our clients this feedback questionnaire. We would be grateful if you could help us by completing this form and returning it in the enclosed envelope (you do not need a stamp). 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. You may recall that **Xxxxx Xxxxx** dealt with your matter.*

Q1. How satisfied were you with our overall level of service?

PLEASE TICK ONE BOX

- | | |
|---|--|
| <input type="checkbox"/> Very satisfied | <input type="checkbox"/> Fairly dissatisfied |
| <input type="checkbox"/> Fairly Satisfied | <input type="checkbox"/> Very dissatisfied |
| <input type="checkbox"/> Undecided | |

Q1a. If dissatisfied, please tell us briefly why this is.

Q2. Did we give you information/advice that was easy to understand?

PLEASE TICK ONE BOX

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Very easy | <input type="checkbox"/> Fairly difficult |
| <input type="checkbox"/> Fairly easy | <input type="checkbox"/> Very difficult |
| <input type="checkbox"/> Undecided | |

Q2a. How might we improve?

Q3. How informative did you find our staff?

PLEASE TICK ONE BOX

- | | |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Very good | <input type="checkbox"/> Fairly poor |
| <input type="checkbox"/> Fairly good | <input type="checkbox"/> Very poor |
| <input type="checkbox"/> Undecided | |

Q4. How well did we keep you up-to-date with progress?

PLEASE TICK ONE BOX

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Very well | <input type="checkbox"/> Fairly poor |
| <input type="checkbox"/> Fairly well | <input type="checkbox"/> Very poor |
| <input type="checkbox"/> Undecided | <input type="checkbox"/> Not Applicable - one off advice given |

Q5. How well did we listen to what you had to say?

PLEASE TICK ONE BOX

- | | |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Very well | <input type="checkbox"/> Fairly poor |
| <input type="checkbox"/> Fairly well | <input type="checkbox"/> Very poor |
| <input type="checkbox"/> Undecided | |

Q6. Did we treat you fairly at all times?

PLEASE TICK ONE BOX

Yes No Don't know

Q6a. If you believe you were treated unfairly due to e.g. your ethnic background, sex, religion or any other reason, please tell us briefly what happened.

Q7. Would you recommend us to someone else if they needed legal help or advice?

PLEASE TICK ONE BOX

Certain to Unlikely to
 Likely to Certain not to
 Undecided

Q7a. Please give your reason(s) for your answer to Q7.

Q8. Was the result of your case better, worse or the same as we had advised you?

PLEASE TICK ONE BOX

Better Same Worse

Q9. Please tell us how you heard about our organisation and whether it was easy or difficult to make initial contact.

Q10. Do you have any further comments or suggestions that may help us to improve our level of service? Please continue on another sheet if necessary.

Thank you for completing this questionnaire. Your responses are completely confidential and anonymous unless you wish to complete your name, address and contact telephone number below.

IF YOU WISH TO REMAIN ANONYMOUS PLEASE LEAVE THIS SECTION BLANK.

Name: _____

Address: _____

Contact Telephone Number: _____