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| **Client Feedback Questionnaire** | Logo |

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.

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

PLEASE TICK ONE BOX

🞏 Very satisfied 🞏 Fairly dissatisfied

🞏 Fairly Satisfied 🞏 Very dissatisfied

🞏 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

🞏 Very easy 🞏 Fairly difficult

🞏 Fairly easy 🞏 Very difficult

🞏 Undecided

Q2a. How might we improve?

Q3. How informative did you find our staff?

PLEASE TICK ONE BOX

🞏 Very good 🞏 Fairly poor

🞏 Fairly good 🞏 Very poor

🞏 Undecided

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

PLEASE TICK ONE BOX

🞏 Very well 🞏 Fairly poor

🞏 Fairly well 🞏 Very poor

🞏 Undecided 🞏 Not Applicable - one off advice given

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

PLEASE TICK ONE BOX

🞏 Very well 🞏 Fairly poor

🞏 Fairly well 🞏 Very poor

🞏 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. However, if you would like us to contact you to discuss any of the issues raised, please complete your name and address below.

**IF YOU DO NOT REQUIRE US TO CONTACT YOU PLEASE LEAVE THIS SECTION BLANK.**

Name:

Address:

Date issued: