Client Feedback Questionnaire

{ MERGEFIELD MATTER_FEE_EARNER_ID }/{ MERGEFIELD client_no }/{ MERGEFIELD matter_no }/{ MERGEFIELD MATTER_MATTER_DESCRIPTION }

Your feedback is important to us. Please let us know how we did in each of the below area.

	Very Good	Good	Average	Poor	Very Poor
Ease of Access	O	O	O	O	O
Fixing an Appointment	O	O	O	O	O
Keeping an Appointment	O	O	O	O	O
Receptionist	O	O	O	O	O
Staff Behaviour	O	O	O	O	O
Progression of Work	O	O	O	O	O
Call backs	O	O	O	O	O
Replies to Emails/Letters	O	O	O	O	O
Keeping you Informed	O	O	O	O	O
Explanation of Information and advice	O	O	O	O	O
Quality of Service	O	O	O	O	O
Approachability and Friendliness	O	O	O	O	O

Please let us know if we could have done anything better

	Yes	No
Would you Recommend us to others	O	O
Is there anything we can do to improve our service	O	O
Details of what we could have done better		