SAMPLE ADMINISTRATIVE FORM

CLIENT SURVEY

1. Did you feel welcome the first time you walked into the office? [ ] Yes [ ] No

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If No, why not?

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2. Did the receptionist tell you their name and call you by your name? [ ] Yes [ ] No

3. Did someone offer to:

Take your coat? [ ] Yes [ ] No

Get you something to drink? [ ] Yes [ ] No

Tell you how long you would have to wait? [ ] Yes [ ] No

Tell you that if you needed anything, just ask? [ ] Yes [ ] No

4. Did the attorney take time to listen to everything you wanted to say? [ ] Yes [ ] No

5. Did the attorney:

Ask what goals you wanted to achieve? [ ] Yes [ ] No

Tell you how the attorney was going to try to achieve your goals? [ ] Yes [ ] No

Obtain your input and approval on the course of action? [ ] Yes [ ] No

Tell you how long the process would take? [ ] Yes [ ] No

Explain how fees were charged? [ ] Yes [ ] No

Estimate your total bill? [ ] Yes [ ] No

Explain that you would be making decisions about your case? [ ] Yes [ ] No

Use your name when conversing with you? [ ] Yes [ ] No

Keep you informed of developments? [ ] Yes [ ] No

Promptly respond to your requests, including returning your calls? [ ] Yes [ ] No

6. Did we meet your expectations?

[ ] Yes, very well, in the following areas:

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[ ] Somewhat, in the following areas:

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[ ] No, improvements could be made in the following areas:

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Thank you so much for taking the time to answer these questions. We will review your answers and strive to make appropriate changes to serve you and our other clients better.

If you want to give us your name, phone number and email address, we may contact you to discuss your answers further. We again thank you for selecting us as your lawyers and helping us to improve our client service.

**OPTIONAL**

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[Client’s Name]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Email Address]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Phone Number]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Date]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Case / Matter]