SAMPLE ADMINISTRATIVE FORM

WRITTEN CLIENT SATISFACTION SURVEY

Please answer each of the following questions by checking the appropriate column that corresponds to your impression of the level of our service. Please give us your opinions on:

|  | (1)  Excellent | (2)  Good | (3)  Needs Improvement | (4)  Unacceptable | (5)  Don’t Know |
| --- | --- | --- | --- | --- | --- |
| 1. The explanation you received of the legal principles or facts involved in your case. |  |  |  |  |  |
| 2. The explanation you received of the fees to be charged and how our fees are determined. |  |  |  |  |  |
| 3. Your access to the lawyer for questions or status reports on the progress of your case. |  |  |  |  |  |
| 4. The lawyer’s effort at returning your telephone calls. |  |  |  |  |  |
| 5. The amount of attention devoted to your case. |  |  |  |  |  |
| 6. The outcome or result of your case. |  |  |  |  |  |
| 7. Your confidence in the attorney’s ability to represent your interests in the case. |  |  |  |  |  |
| 8. The way you were treated by our support staff. |  |  |  |  |  |
| 9. The value of the services you received as compared to the total cost. |  |  |  |  |  |

10. If you have given us a grade of 3 or 4 in any of the areas above, please tell us below what we should have done to create a higher level of satisfaction for you:

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11. Were there other aspects of our representation or our firm which particularly pleased you?

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12. Would you feel comfortable referring friends or family to our firm? If not, why not?

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

13. **OPTIONAL**: If you would like us to follow-up with you about any particular issue, please be certain to identify yourself.

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

[Client’s Name]

Thank you for taking the time to complete this questionnaire.