

**CLIENT FEEDBACK QUESTIONNAIRE**

**Reference:**

**Matter Type:**

**Date:**

As part of our commitment to client care, the views and comments of our clients are important to us in helping us to continually improve our services. We would be most grateful if you could take a few minutes to complete and return this questionnaire and send this back by post or email to [mail@bennettsmith.co.uk](mailto:mail@bennettsmith.co.uk).

**How well did we do?**

<b>Communication and quality of service</b>	Excellent	Good	Satisfactory	Poor
Speed in answering incoming calls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Returning your calls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Businesslike/easily understood letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Replying to your letters within a reasonable time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff helpful and courteous at all times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of service received, regardless of the outcome of your case	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have ticked less than “satisfactory” in any category, please tell us why you were unhappy:

<b>Client care</b>	Yes	No
Did you feel that we valued you/your business?	<input type="checkbox"/>	<input type="checkbox"/>
Did we give you clear explanations at all times?	<input type="checkbox"/>	<input type="checkbox"/>
Did we keep you informed of progress with your case?	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered “no” to any of the above, please provide an example or explain how we could have improved things for you:

<b>Your case</b>	Yes	No
Was your case resolved in a reasonable amount of time?	<input type="checkbox"/>	<input type="checkbox"/>
Would you recommend us to someone else in need of legal help?	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered “no” to any of the above, please provide details:

**Overall performance:** Please provide a score out of ten (10 is excellent- 1 is Very poor)

If you have any other comments, please continue

**Thank you for completing this questionnaire.**