Client Survey Form



We find client feedback to be invaluable: in improving our service, flagging up issues as well as understanding what we're doing well. Please complete the following form and return it to us. Thank you.

Your name:				
Your legal adviser's name:				
(If you wish for your feedback to be anonymous, please don't complete this se	ection.)			
	Poor	Fair	Good	Excellent
How would you rate our reception and the greeting you received?				
How would you rate the personal manner of your adviser?				
How well do you think we kept you informed?				
How would you rate our understanding and commitment to your matter?				
Overall, how would you rate our service?				
Do you think we have treated you fairly?	Yes □ No □			
Would you recommend our firm to others?	Yes □ No □			
We'd REALLY appreciate any additional comments you	u'd like to ma	ake:		
We use the Client Survey Forms in the following ways. Please tick the	boxes to allow	us to use this	information:	
For internal and external quality audits.			Γ] I agree
For marketing purposes, e.g. we might put your comment and name on our website.				I agree
 For us to ensure that our service was up to expectations, and you to understand further. 	if it was not, to	contact] I agree

If you have been dissatisfied with the service you received, please contact Felicity Green, Practice Manager on 01756 692885 or



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