

# Client Survey

Your Organisation:

Your Name:

Your Role:

Date:

## 1. Your relationship with us today

(a) How many years have you been a client? (round up)	
(b) Why did you select us as your law firm?	
(c) How did you find out about us?	

## 2. How are we performing?

For (a) – (e) please check if you agree. For (f) – (g) please provide a rating out of 10

(a) We are delivering what you need	<input type="checkbox"/>
(b) We make it easy for you to work with us	<input type="checkbox"/>
(c) We communicate with you effectively	<input type="checkbox"/>
(d) We manage problems/complaints well	<input type="checkbox"/>
(e) You are likely to recommend us to a third-party	<input type="checkbox"/>
(f) How do you rate our value, our cost/benefit?	
(g) How do you rate our overall performance?	

## 3. Our relationship in the future

Where specified, please chose the option that most accurately reflects the statement or question.

(a) You are likely to continue to work with us	
(b) What would persuade you use our services more widely?	
(c) What three aspects of our service do we need to improve?	

## 4. Subsidiary Information

So we have a better idea of your business and who you work with, it would be greatly appreciated if you could please confirm any subsidiaries on whose behalf you are providing this feedback.

Subsidiary Name	Country of Incorporation	Legal Speciality

## 5. Performance Score: Add Error.Input string was not in a correct format./20