

Client Satisfaction Survey

Client Name:

Ref:

Fee Earner:

Client Address:

Please be assured that this survey will be retained by Harris Cartier LLP and the information provided will not be passed to any Third Party.

1(a) Are you an existing client?

Yes No

If yes please proceed to question 2.

1(b) How did you hear about us?

- | | |
|---|--|
| <input type="checkbox"/> Personal Recommendation | <input type="checkbox"/> Yellow Pages / Yell.com |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Advert (Please state) |
| <input type="checkbox"/> Newspaper/Publication | <input type="checkbox"/> Employee Scheme |
| <input type="checkbox"/> Estate Agent (Name of Agent) | <input type="checkbox"/> Referrer (Please state) |
| <input type="checkbox"/> Other (Please state) | |

2. On how many occasion have you used our services?

This is the first time 2-4 4-6 7+

3. To what extent would you say that our services met your expectations?

Exceeded Met Almost Met Failed

4. Would you recommend our services to others?

Yes No

If not, why not?.....

5. Would you consider using our services again?

Yes No

If not why not?.....

6. How would you compare our customer service level to any others (i.e. Banks, Estate Agents, Accountants etc.) that you might use?

	Excellent	Good	Fair	Poor
Efficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge and Skill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courteousness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good selection of services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. How would you mark the overall service provided by the following?

	Excellent	Good	Fair	Poor
Persons dealing with your matter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Their secretary(ies)/Assistants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our reception Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Harris Cartier as a whole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. If asked, would you be prepared to provide a reference for Harris Cartier?

Yes No

9. Please use the space provided below to provide any final comments that you may have to help us improve our services to you.

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Thank you for completing this questionnaire. Your responses are completely confidential. However, if you would like us to contact you to discuss any of the issues raised, please tick here.

Please indicate if you require information on any of the following services:

<input type="checkbox"/> Personal Injury or Clinical Negligence	<input type="checkbox"/> Divorce, separation or Family Law
<input type="checkbox"/> Employment Law	<input type="checkbox"/> Commercial Litigation
<input type="checkbox"/> Pensions or Investments	<input type="checkbox"/> Conveyancing or Residential Property
<input type="checkbox"/> Wills, Trust or Probate	<input type="checkbox"/> Commercial Property Law
<input type="checkbox"/> Intellectual Property Rights & IT Law	<input type="checkbox"/> Corporate Commercial Law
<input type="checkbox"/> Insolvency	<input type="checkbox"/> Our Newsletter