

MILLER LAW OFFICE, P.A.

SURVEY OF SERVICE TO CLIENT

Our office would appreciate your responses to the following questions, in surveying our current level of customer service and satisfaction. This survey is only being conducted so that we may better serve you, the client, and receive feedback from you in regard to our services.

1. Do you feel that our overall level of client service is: (please circle the most accurate answer)

Poor	Satisfactory	Average	Excellent
	Good	Above Average	

If you have chosen an answer which is less than Satisfactory, please note any suggestions which you think would improve our service (please write on reverse if you need more space and indicate that there is more on reverse side): _____

2. Do you feel that our office is consistent in its dealings with you?

Yes or No

If no, please explain: _____

3. Do you feel that your legal issues are handled in a professional manner?

Yes or No

If no, please explain: _____

4. Do you feel that you are treated in a friendly manner?

Yes or No

If no, please explain: _____

5. When you call in to the office, are you received in a friendly, efficient manner and are you left feeling satisfied that your call/message was handled properly?
Yes or No
If your answer was no, please explain: _____

6. Have you ever had the impression that your legal issues weren't a priority or important to our office?
Yes or No
If your answer was yes, please explain: _____

7. Do you feel that your legal issue was handled efficiently by your attorney?
Yes or No
If no, please explain: _____

8. Overall, were you pleased with our services? Yes or No
9. Were your questions answered adequately when speaking with a secretary?
Yes or No
10. Are you satisfied with the voice mail system when you call after hours?
Yes or No
11. What is your preferred manner of communicating with your attorney?
In Person By Telephone By Email
12. If applicable, do you feel that your documents are handled professionally?
Yes or No
13. Do you find that our professionalism is ever lacking?
Yes or No
14. Would you refer our services to a friend, relative, acquaintance or neighbor?
Yes or No

15. Do you have any suggestions that we could implement in our daily handling of clients that you feel would improve our customer relations?_____

Name of Client: _____

Name of Responding Individual: _____

Date: _____