

**Client Survey Form**

RECEIVED 06 AUG 2015

Your Name:  
Mr. Muddassar Rizwan &  
Mrs. Shabana Rizwan  
Your Matter: MAT 431  
Date: 05<sup>th</sup> August 2015

	Poor	Fair	Good	Excellent
1 How would you rate our reception area and the greeting you received? If poor or fair, how do you think we could improve this aspect of our practice?				<input checked="" type="checkbox"/>
2 How would you rate the personal manner of the solicitor that you had the most dealings with? If poor or fair, how do you think we could improve their service to you?			<input checked="" type="checkbox"/>	
3 How would you assess the communication, be it by letter or e-mail, that you received? If poor or fair, how could we have improved this for you?			<input checked="" type="checkbox"/>	
4 How would you rate your understanding and commitment to the action that was taken on your behalf? If poor or fair how could this have been improved for you?			<input checked="" type="checkbox"/>	
5 In general terms, how would you assess our service for you? If you have any suggestions for how we could improve things that have not been dealt with above, please comment here				<input checked="" type="checkbox"/>
If you are happy to provide an endorsement for the firm, please provide details.	Very Good Service			
Are you happy for the above endorsement to be placed on our website?	<input checked="" type="radio"/> Yes <input type="radio"/> No			
Would you be likely to recommend this firm to others?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Undecided			
Were you cold called by anyone at the firm?	<input type="radio"/> Yes <input checked="" type="radio"/> No			

Thank you for your time and trouble in completing this form.

Please return it in the stamped addressed envelope provided.

