Introduction

In order to achieve and retain the Quality Mark Standard of the Community Legal Service, advice and specialist legal service providers are required to implement a client feedback process. Section G of the Quality Mark aims to ensure that advice and specialist legal services providers obtain regular feedback from clients which will enable service standards to be developed and improved. Potentially, this process also provides you with an opportunity to speak to clients after the case is closed or enquiry resolved.

Organisations are able to develop their own system for obtaining client feedback or use an existing system providing it conforms to the requirement as detailed in the Quality Mark documents. However to assist organisations we developed the Client Feedback Questionnaire and an analysis tool to accompany it.

This pack contains template documents that can be used to set up your own client feedback process. There are three main items of information in this pack:

- This User Guide
- Questionnaire template
- Analysis template

The following sections address a number of questions and practical issues involved with running the client feedback process. We are unable to provide any I.T. support and request you refer to the guidance documents. However, if you have any other comments or queries, please contact the Legal Services Commission directly:
Client Feedback Questionnaire

As part of our commitment to improving the service we provide, we send our clients this feedback questionnaire. We would be grateful if you could help us by completing this form and returning it in the enclosed envelope (you do not need a stamp). Please be assured that the survey is completely confidential and unless you complete your details at the end, we will not know who has taken part. You may recall that ________________ dealt with your enquiry/case.

Agency Name ____________________________________________

Law Area Code __________________________________________ Date Issued ____ / ____ /20____

Fee Earner/Advisor _______________________________________

Q1. How satisfied were you with our overall level of service?

PLEASE TICK ONE BOX

☐ Very satisfied  ☐ Fairly dissatisfied
☐ Fairly Satisfied  ☐ Very dissatisfied
☐ Undecided

Q1a. If dissatisfied, please tell us briefly why this is. ____________________________________________________

Q2. Did we give you information/advice that was easy to understand?

PLEASE TICK ONE BOX

☐ Very easy  ☐ Fairly difficult
☐ Fairly easy  ☐ Very difficult
☐ Undecided

Q2a. How might we improve?

Q3. How informative did you find our staff?

PLEASE TICK ONE BOX

☐ Very good  ☐ Fairly poor
☐ Fairly good  ☐ Very poor
☐ Undecided

Q4. How well did we keep you up-to-date with progress?

PLEASE TICK ONE BOX

☐ Very well  ☐ Fairly poor
☐ Fairly well  ☐ Very poor
☐ Undecided  ☐ Not Applicable – one off advice given

Q5. How well did we listen to what you had to say?

PLEASE TICK ONE BOX

☐ Very well  ☐ Fairly poor
☐ Fairly well  ☐ Very poor
☐ Undecided
Q6. Did we treat you fairly at all times?
PLEASE TICK ONE BOX
☐ Yes ☐ No ☐ Don’t know

Q6a If you believe you were treated unfairly due to e.g. your ethnic background, sex, religion or any other reason please tell us briefly what happened.

__________________________________________________________________________

__________________________________________________________________________

Q7. Would you recommend us to someone else if they needed legal help or advice?
PLEASE TICK ONE BOX
☐ Certain to ☐ Unlikely to
☐ Likely to ☐ Certain not to
☐ Undecided

Q7a. Please give your reason(s) for your answer to Q7.

__________________________________________________________________________

__________________________________________________________________________

Q8. Was the result of your case better, worse or the same as we had advised you?
PLEASE TICK ONE BOX
☐ Better ☐ Same ☐ Worse

Q9. Please tell us how you heard about our organisation and whether it was easy or difficult to make initial contact.

__________________________________________________________________________

__________________________________________________________________________

Q10. Do you have any further comments or suggestions that may help us to improve our level of service? Please continue on another sheet if necessary.

__________________________________________________________________________

__________________________________________________________________________

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 complete your name and address below.

IF YOU DO NOT REQUIRE US TO CONTACT YOU PLEASE LEAVE THIS SECTION BLANK.

Name: ________________________________________________________________

Address: ______________________________________________________________

_______________________________________________________________________

_______________________________________________________________________