

# Introduction

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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

legal services

COMMISSION

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.

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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.

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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.

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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.

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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 complete your name and address below.

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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