

LAW OFFICES OF MICHAEL W. JANSEN - CLIENT SATISFACTION SURVEY

Help us to improve client service by returning your candid comments in the enclosed envelope

Key: VS = Very Satisfied; S= Satisfied; NO = No Opinion; D = Dissatisfied; VD = Very Dissatisfied; N/A = Not Applicable

Please Circle One For Each Answer

Overall service quality.....	VS	S	NO	D	VD	
Accessibility.....	VS	S	NO	D	VD	N/A
Completing your assignment on schedule.....	VS	S	NO	D	VD	N/A
Promptly returning your telephone calls.....	VS	S	NO	D	VD	N/A
Promptly responding to your emails and other correspondence.....	VS	S	NO	D	VD	N/A
Understanding your situation.....	VS	S	NO	D	VD	N/A
Recommending solutions to your problem.....	VS	S	NO	D	VD	N/A
Understanding your case.....	VS	S	NO	D	VD	N/A
Professionalism.....	VS	S	NO	D	VD	N/A
Courtesy/Friendliness.....	VS	S	NO	D	VD	N/A
Fee schedule.....	VS	S	NO	D	VD	N/A
Billing practices.....	VS	S	NO	D	VD	N/A
Informing you of other ways I can assist you.....	VS	S	NO	D	VD	N/A

What did you like best about working with my office? _____
Professional & friendly approach.

What did you like least about working with my office? _____

May I send you a newsletter? Yes No If so, at what email address? _____

Would you recommend my firm to others? Yes No Why? _____

How can I improve my service to you and my other clients? _____

THANKS FOR YOUR PARTICIPATION!

OPTIONAL: Name: _____ **Case:** _____

I hereby authorize The Law Offices of Michael W. Jansen to use my comments for promotional purposes.

Signed: _____ Dated: _____