

# Client Survey Form



We use the Client Survey Forms in the following ways:

- For internal and external quality audits.  
If you are *not* agreeable to this, please tick this box.  NOT AGREEABLE.
- For marketing purposes, e.g. we might put your comment and name on our website.  
If you *are* agreeable for us to use this information in this way, please tick this box.  AGREEABLE.
- For us to ensure that our service was up to expectations, and if it was not, to contact you to understand further.  
If you are *not* agreeable to this, please tick this box.  NOT AGREEABLE.

If you have been dissatisfied with the service you received, please contact Felicity Green, Practice Manager on 01756 692885 or [felicity.green@awbclaw.co.uk](mailto:felicity.green@awbclaw.co.uk)

| Your name (optional):   | AWB Charlesworth staff member name (optional):  |      |      |           |
|---|---|------|------|-----------|
|   | Poor  | Fair | Good | Excellent |
| 1. How would you rate our reception area and the greeting you received?<br>How do you think we could improve this aspect of our practice?                                 |   |      |      |           |
| 2. How would you rate the personal manner of the adviser who you had the most dealings with?<br>How do you think they could improve their service to you?                 |   |      |      |           |
| 3. How well do you think we kept you informed? How could we have improved this for you?   |   |      |      |           |
| 4. How would you rate our understanding and commitment to your matter?<br>How might this have been improved for you?  |   |      |      |           |
| 5. In general terms, how would you rate our service?<br>If you have any suggestions how we could improve things that have not been dealt with above, please comment here. |   |      |      |           |
| Do you think we have treated you fairly?  | <input type="checkbox"/> Yes <input type="checkbox"/> No                                    |      |      |           |
| Would you be likely to recommend our firm to others   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undecided |      |      |           |
| If the firm acted in the conveyancing for both you and the other party, please indicate whether you felt that this:   |   |      |      |           |
| a. facilitated the conveyancing transaction and therefore worked to your advantage and/or benefitted you financially <input type="checkbox"/>                             |   |      |      |           |
| b. worked to your disadvantage <input type="checkbox"/>   |   |      |      |           |
| c. had no effect <input type="checkbox"/>   |   |      |      |           |