



Client Satisfaction Survey

Your input is important to us and can help us to improve our services. Please answer the questions below and send it back in the envelope provided. No stamp is necessary.

Your Age _____

1. Was your call answered within a reasonable amount of time? Yes No

Please explain: _____

2. The legal assistance that I received helped me in the following ways (check all that apply):

- Helped me feel safer or gave me peace of mind
- Helped me understand my rights
- Helped me take action that improved my situation
- Helped me know what to do next
- Helped me plan what to do if the problem occurs again
- Gave me a helpful referral
- Was not helpful

Please explain: _____

3. Did you understand the legal advice and information given you? (circle the right number)

1..... 2 3..... 4 5
 All of it Most of it Some of it A little bit Not at all

4. How helpful was the advice?

1..... 2 3..... 4 5
 Very helpful Helpful A little bit helpful Not sure Not helpful

5. Please rate your telephone counselor who served you:

	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>
Did staff display professional competence?	___	___	___	___
Were you shown courtesy and sensitivity?	___	___	___	___
Were things explained in ways you understood?	___	___	___	___
Did staff care about your problem and seem interested to help?	___	___	___	___

6. Would you refer someone with a legal problem to our Telephone Counseling Service? Yes No

7. Overall, how would you rate our Telephone Counseling Service?

Excellent Good Fair Poor

8. Please tell us any other comments you have (for example, How can we improve service? What else would you like us to know about your experience?):

Thank you for your time. We value your input!