

Our Reference	
Source	Date
Case Handler	

CLIENT QUESTIONNAIRE

We greatly value your feedback on our service. Please help us to monitor our performance and identify improvements by completing this questionnaire and returning it to us in the enclosed pre paid envelope.

- | | YES | NO |
|---|----------------------------|----------------------------|
| 1. Overall, did we deal with your matter efficiently? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| 2. Overall, did you feel you were kept informed? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| 3. Please rate your general perception of your team's performance in the following areas: | | |

	Excellent	Good	Average	Poor
Legal Competence	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Administration	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Attitude	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Communication	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

(If you have particular examples of good or poor performance in any of these areas, we would welcome further details in Question 14 below).

- | | YES | NO | | YES | NO |
|--|----------------------------|----------------------------|--|----------------------------|----------------------------|
| 4. Do you feel that you have received value for money? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 8. Were your calls generally returned within 24 hours? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| 5. Did you find our brochures informative? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 9. Were our letters clear and helpful? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| 6. Were we generally available when you telephoned? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | | | |
| 7. Were we generally able to deal with your telephone queries? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | | | |

10. Our direct operation is pioneering a new approach to conveyancing. Please select from the list below the three most appealing aspects of our operation. **1** - most appealing **2** - 2nd most appealing and **3** - 3rd most appealing

- | | | |
|---|---|---|
| <input type="checkbox"/> 1 Our fixed fee guarantee | <input type="checkbox"/> 4 No move, no fee guarantee | <input type="checkbox"/> 7 The recommendation of a lender or estate agent |
| <input type="checkbox"/> 2 Our extended opening hours | <input type="checkbox"/> 5 No need to visit our offices | <input type="checkbox"/> 8 Our initial telephone conversation |
| <input type="checkbox"/> 3 The level of our fee | <input type="checkbox"/> 6 Our size/reputation | |

11. If you have moved house before, using a different conveyancer how did our performance compare with theirs?

- 1 Better 2 The same 3 Worse

12. Would you use us again when moving home? YES 2 NO 2

13. Are there any other comments you would like to make?

Mr/Mrs/Miss/Ms	First Name	Surname
Address		
Postcode		Telephone No.

Thank you for your help