

CLIENT CARE QUESTIONNAIRE

Name* :

Address* :

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Griffith Smith
Farrington Webb LLP
solicitors

**Please leave these sections blank if you wish.*

Date:

We are keen to provide a high quality service to our clients, and they are in the best position to judge whether we succeed. Your comments will help us, and we shall be most grateful if you will take a few moments to complete and return this questionnaire to the address given below.

Your Evaluation:	Very Good	Good	Adequate	Poor
1. Our understanding of your instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Quality & clarity of our advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Our efficiency in communicating with you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Rate of progress of your matter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Clarity of our charges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Value for money of our services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Our reporting at the conclusion of your matter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Our ability to meet your expectations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Overall quality of our service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Would you recommend our services to others?	Yes / No			

11. Additional comments:

Griffith Smith Farrington Webb LLP Solicitors
Ref: JHB
47 Old Steyne
Brighton
BN1 1NW

Thank you very much for completing this questionnaire.