**CLIENT QUESTIONNAIRE**

**File Number:**

*[You must fill this out prior to issue]*

Client feedback is appreciated and we would like to hear if you have any comments or suggestions about the service we gave you as will help us improve our service to clients in the future. We would be grateful if you could complete this questionnaire and return; if you require a stamped addressed envelope or would prefer an electronic version please let us know as we would be happy to oblige.

|  |
| --- |
| X |

Where appropriate, please mark the appropriate boxes with a cross like this:

Please provide as much detail on the form as possible.

1. **How did you know about the Clinic?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Publicity Leaflet |  |  | Local Library |  |  |
|  |
| Citizens Advice Bureau |  |  | Newspaper Advert |  |  |
|  |
| Other |  |

1. **Did you consider going elsewhere for legal assistance?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes |  |  | No |  |  |
|  |
| If yes, where did you think about going? |  |

1. **Why did you decide to use the Law Clinic?**

|  |
| --- |
|  |

1. **Before you attended your interview at the Clinic, did you view the fact that your Firm members were to be students rather than qualified lawyers as:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Helpful |  |  | Unhelpful |  |  | Unimportant |  |

**For the following three questions please rate how well we did on a scale of;**

**5 (very well) - 1 (very badly)**

1. **How clearly did we explain to you how the clinic works?**

|  |  |  |
| --- | --- | --- |
| *Very Badly* |  | *Very Well* |
| 1 |  |  |  | 2 |  |  |  | 3 |  |  |  | 4 |  |  |  | 5 |  |  |  |

1. **How well were you kept informed by the Clinic about the progress of your case?**

|  |  |  |
| --- | --- | --- |
| *Very Badly* |  | *Very Well* |
| 1 |  |  |  | 2 |  |  |  | 3 |  |  |  | 4 |  |  |  | 5 |  |  |  |

1. **How clearly were law and legal procedures explained to you?**

|  |  |  |
| --- | --- | --- |
| *Very Badly* |  | *Very Well* |
| 1 |  |  |  | 2 |  |  |  | 3 |  |  |  | 4 |  |  |  | 5 |  |  |  |

1. **How happy were you with the speed with which the Clinic dealt with your case?**

|  |  |  |
| --- | --- | --- |
| *Very Badly* |  | *Very Well* |
| 1 |  |  |  | 2 |  |  |  | 3 |  |  |  | 4 |  |  |  | 5 |  |  |  |

1. **How was the service we gave you overall?**

|  |  |  |
| --- | --- | --- |
| *Very Badly* |  | *Very Well* |
| 1 |  |  |  | 2 |  |  |  | 3 |  |  |  | 4 |  |  |  | 5 |  |  |  |

1. **Did you have confidence in the students advising you?**

|  |  |  |
| --- | --- | --- |
| *Very Badly* |  | *Very Well* |
| **1** |  |  |  | **2** |  |  |  | 3 |  |  |  | 4 |  |  |  | 5 |  |  |  |

1. **Would you use the Clinic again?**

|  |  |  |
| --- | --- | --- |
| *Very Badly* |  | *Very Well* |
| 1 |  |  |  | 2 |  |  |  | 3 |  |  |  | 4 |  |  |  | 5 |  |  |  |

1. **Would you recommend the Clinic to someone else?**

|  |  |  |
| --- | --- | --- |
| *Very Badly* |  | *Very Well* |
| 1 |  |  |  | 2 |  |  |  | 3 |  |  |  | 4 |  |  |  | 5 |  |  |  |

1. **Is there anything we could have done better in your case?**

|  |
| --- |
|  |

1. **Is there anything else that would help us to improve our service?**

|  |
| --- |
|  |

1. **Are there any other comments that you would like to make?**

|  |
| --- |
|  |

1. **What is your name (you do not have to give it)?**

|  |
| --- |
|  |

**Thank you very much for taking the time to complete this form.**

**Please return it to:**

**XX Law School Clinic**

**Or if you have received by email, you can return it to:**