

## SERVICE EVALUATION QUESTIONNAIRE

On behalf of the staff of Family and Elder Law of Mid-Michigan, P.C. we thank you for allowing us to be of service to you. We would appreciate a few minutes of your time to complete this evaluation form. The purpose of this questionnaire is to evaluate your overall perception of the quality of service rendered by our firm, and whether we met your legal objectives and expectations. Please be as candid and as critical as you would like. Your feedback is most important to us and will enable us to constantly upgrade the quality of the services we provide.

Client: \_\_\_\_\_

Your Name: \_\_\_\_\_

Type of Legal Service:  Estate Planning  Medicaid  Probate/ Trust Administration  Other

*For any area in which you rate us fair or poor, please provide an explanation under comments*

	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>
<b>Goals &amp; Expectations:</b>				
Did we meet your goals & expectations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were your needs met timely & efficiently?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comfort level with our process?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

---



---

<b>Contact with our Team:</b>				
Our professional manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our knowledge/ Competency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsiveness (phone call returned promptly)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effective communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

---



---

<b>Documents:</b>				
Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appearance & presentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timeliness of delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

---



---

Excellent    Good    Fair    Poor

**Fees & Costs:**

Reasonableness

                

Value

                

Overall

                

Comments:

---



---

*We would appreciate it if you would complete the statements below:*

**What I expected was.....** \_\_\_\_\_

---



---

**What I got was...** \_\_\_\_\_

---



---

**What mattered most to me was ...** \_\_\_\_\_

---



---

Would you refer someone else to our office for assistance?

Yes     No

Would you be willing to serve as a reference?

Yes     No

If someone asked you about our firm, what would you say?

---



---



---



---

May we use your comments for testimonial purposes?

Yes     No

**THANK YOU**