

REGION LEGAL SERVICE OFFICE SE

Legal Assistance - Client Satisfaction Feedback

To our Clients: We strive to provide everyone with prompt, professional Legal Service. Please help us achieve this by taking a moment to provide feedback on your recent visit.

Please provide the following information:

Date of Visit: _____

Which Staff member assisted you? _____

Which Attorney assisted you? _____

Are you deploying in the next 30 days: Yes No

Rank: _____

Your Status: Active Duty Family Member Reserve Retired Other _____

Branch: Navy Marine Corps Army Coast Guard Air Force

Office Visited (City/State): _____

Please indicate the reason for your visit (Select all that apply):

- | | | | |
|---|--|--|--------------------------------------|
| <input type="checkbox"/> Adoption/Name Change | <input type="checkbox"/> Consumer Issues | <input type="checkbox"/> Domestic Relations | <input type="checkbox"/> Immigration |
| <input type="checkbox"/> Military Rights and Benefits | <input type="checkbox"/> Real Estate/Landlord Tenant | <input type="checkbox"/> Wills/Estate Planning | <input type="checkbox"/> Tax Issues |
| <input type="checkbox"/> Notary/Power of Attorney | <input type="checkbox"/> Other _____ | | |

Questions about your appointment:

Did you have an appointment? Yes No

If you had an appointment, how long was the period of time from your first request for an appointment to the date of the first available appointment?

- Same Day Within a couple of days About a week From 1 to 2 weeks More than 2 weeks

How satisfied were you with the amount of time to get an appointment?

- Very Satisfied Satisfied Neither Satisfied nor Dissatisfied Dissatisfied Very Dissatisfied

How long was your wait upon arrival or, if you had an appointment, how long did it take before you were seen?

- Less than 5 mins 5 to 10 mins 10 to 15 mins 15 to 30 mins Greater than 30 mins (please indicate time below)

(Time – if greater than 30 minutes) _____

Please use the scale below to rate our performance:

Office Operations	Excellent	Good	Average	Fair	Poor	N/A
Office Hours	<input type="radio"/>					
Office Location	<input type="radio"/>					
Parking	<input type="radio"/>					
Appearance/Conditions of Office	<input type="radio"/>					
Availability of Information about Office	<input type="radio"/>					

Services	Excellent	Good	Average	Fair	Poor	N/A
Courtesy of Personnel	<input type="radio"/>					
Timeliness of Personnel	<input type="radio"/>					
Ability to give Clear Advice	<input type="radio"/>					
Ability to answer your questions	<input type="radio"/>					
Ability to help you	<input type="radio"/>					
Quality of services provided	<input type="radio"/>					
Overall rating of Legal Services	<input type="radio"/>					

Overall Experience	Excellent	Good	Average	Fair	Poor	N/A
Please rate your overall experience	<input type="radio"/>					

Please provide any additional remarks or suggestions you feel are important:

This information is optional. Check this box if you want to be contacted about your comments.

Name: _____ Command _____ Phone # _____

Email _____