



CLIENT EXIT SURVEY

CLIENT NAME:

DATE:

1. Generally speaking, how satisfied were you with the quality of service we provided to you on an ongoing basis? (Please circle).

1 2 3 4 5

Very Dissatisfied

Very Satisfied

2. What would you most like to see us do in order to improve our service?
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3. How satisfied were you with the result achieved on your behalf?

1 2 3 4 5

Very Dissatisfied

Very Satisfied

4. If you needed a lawyer for personal injury or insurance litigation in the future, would you use Johnson Clonfero LLP again?

Yes

No

5. If you have some concerns about using Johnson Clonfero LLP again, is there some change that we could make in our practice that would influence your decision to try us again?
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6. Do you feel confident enough about the services provided to you by Johnson Clonfero LLP to recommend us to a friend?

Yes

No

7. To what extent were you satisfied or dissatisfied with the courtesy and efficiency of the staff (non-lawyers) who worked on your case?

Very Dissatisfied 1 2 3 4 5 Very Satisfied

8. How would you rate our website?

Very Dissatisfied 1 2 3 4 5 Very Satisfied

Did you find the information available useful/beneficial? What are your thoughts on the services provided through the Client Zone?

If you have any other comments, recommendations, or suggestions, please provide those to us below.

Please sign below if we may we disclose your name in relation to your comments. Otherwise, your name will not be used.
