

INITIAL CLIENT SURVEY
for
[NAME OF CLIENT]

Date: _____

We are always seeking input from our clients and your opinions are important to us. Thank you for your time and for allowing us to serve [you/your organization].

1. Did our firm handle your initial phone calls in a professional manner? YES ☐ NO ☐
2. Has our firm treated you courteously? YES ☐ NO ☐
3. Has our firm listened to your cares and concerns? YES ☐ NO ☐
4. Did you find our [website/social media page] useful and informative? YES ☐ NO ☐
5. Have our firm answered your questions competently? YES ☐ NO ☐
6. Do you feel like a valued client of our firm? YES ☐ NO ☐
7. How did you feel after your initial consultation with our firm? (check all that apply):

☐ enthusiastic

☐ reassured

☐ confused

☐ other: _____

8. You selected our firm as your legal counsel because:

9. Is there anything we can do to improve your experience with our firm?
