

Client Satisfaction Review

Your thoughts about our service are important to us. Any feedback about specific things that we could do to improve our client experience would be greatly appreciated.

1. On a scale of 0 to 10, how likely would you be to recommend us to friends and family?

(circle a number) 0 1 2 3 4 5 6 7 8 9 10

2. How would you rate our service using the following factors?

| | | | | | | | | | | |
|------------------------|-------------------------------------|-----------|--------------------------|------|--------------------------|---------|--------------------------|------|--------------------------|------|
| <u>Trustworthy:</u> | <input checked="" type="checkbox"/> | Excellent | <input type="checkbox"/> | Good | <input type="checkbox"/> | Average | <input type="checkbox"/> | Fair | <input type="checkbox"/> | Poor |
| <u>Responsive:</u> | <input checked="" type="checkbox"/> | Excellent | <input type="checkbox"/> | Good | <input type="checkbox"/> | Average | <input type="checkbox"/> | Fair | <input type="checkbox"/> | Poor |
| <u>Knowledgeable:</u> | <input checked="" type="checkbox"/> | Excellent | <input type="checkbox"/> | Good | <input type="checkbox"/> | Average | <input type="checkbox"/> | Fair | <input type="checkbox"/> | Poor |
| <u>Informative:</u> | <input checked="" type="checkbox"/> | Excellent | <input type="checkbox"/> | Good | <input type="checkbox"/> | Average | <input type="checkbox"/> | Fair | <input type="checkbox"/> | Poor |
| <u>Overall Rating:</u> | <input checked="" type="checkbox"/> | Excellent | <input type="checkbox"/> | Good | <input type="checkbox"/> | Average | <input type="checkbox"/> | Fair | <input type="checkbox"/> | Poor |

3. If you were to speak with someone who was thinking about hiring us, what would you say?

Very helpful in explaining terms and paperwork. Very responsive to emails and text. Put my nerves to rest.

4. What specific thing did you like best about our service?

(Examples: Friendly and down to earth; Kept you informed; Fought for you; Reduced your stress; Treated you like family; Trustworthy and honest, etc.)

Answering all of my questions in timely manner to help me.

5. Why did you decide to hire us in the first place?

(Examples: Referred by a friend or family member; Read Keith's book; Keith's story; Saw reviews on Google/Avvo/Facebook; Keith's 100% Satisfaction Guarantee, etc.)

Referred by my husband.

6. How did you feel about your injury case before you hired us?

(Examples: Hesitant to talk to an attorney; Cautious about who to trust; Tired of suffering alone; Frustrated with insurance company delays; Anxious about paying medical bills; Worried whether you could afford a lawyer; Uncertain about how long it would take, etc.)

Anxious - not knowing what to do.

7. What were the biggest challenges you had before you hired us?

(Examples: Unable to pay your medical bills; Fear of the unknown; No expert guidance on what you should do next; No practical information on choosing the right doctor; Not sure who to trust; Not understanding the injury law process; Need help fixing or replacing your car, etc.)

Never been in a wreck was confused about it all.

8. How did we make it easier for you to address those challenges?

(Examples: Answered your questions; Scheduled doctor's appointments for you; Taught you your rights, Advised you about mistakes to avoid; Helped you move forward; Maximized the money you recovered, etc.)

By helping me make all Dr. Appts.
Walking me step by step.

9. What were the top 2-3 benefits of hiring us?

(In your own words, what specific things did you find MOST helpful?)

Helping me understand my rights.
Find the right Doctors.
Put my nerves to rest about all the stress,
Your staff and you awesome thru all of this!!

10. What specific things, if any, could we do to change or improve our service to create a better experience for you?

I would say keep doing what your doing.
Good work.

Almost done...

11. May we share your comments with the public (to give other injured people a sense of what you thought about our services)?

YES! No

12. How would you like your name to appear if we use your comments?

Show Full Name Show First Name Only Post Comments Anonymously

(Signature Please) Stephanie Gauthreaux (Date) 6/13/18

(Print Name) Stephanie Gauthreaux

THANK YOU for your client satisfaction survey!

Please return this by hand delivery or mail to
901 Derbigny Street, Gretna, Louisiana 70053,
by fax to 504-264-5580, or by email to klm@magnesslaw.com

We greatly appreciate your input and time.