

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?

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

I would say go for it! They are Trustworthy and actually care about you + your health. You will be in good hands!

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.)

I liked the way they called and sent messages to check on my son + I throughout the time. Friendly + honest. Reduced my stress!

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.)

Once my sister looked you up on Google, she saw great reviews. So I decided to do the same and seeing 5 star reviews, I thought this could be helpful for our case

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.)

I felt worried. Didn't know who to trust. Never been through anything like this so I was uncertain on how things worked.

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.)

Being injured and not being able to afford the therapy. Didn't have a clue where to go for help.

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.)

Communication with us, being straight forward,
answering questions, helpful advice + teaching me
how the process works.

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

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

- ① Checking on us throughout the year
- ② Keeping me updated on the status
- ③ Being friendly + helpful

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

I have no complaints. Thanks for
everything.

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) C. Barnes (Date) 5-28-19

(Print Name) C. Barnes

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.