

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>	<u>7</u>	Excellent	___	Good	___	Average	___	Fair	___	Poor
<u>Responsive:</u>	<u>7</u>	Excellent	___	Good	___	Average	___	Fair	___	Poor
<u>Knowledgeable:</u>	<u>7</u>	Excellent	___	Good	___	Average	___	Fair	___	Poor
<u>Informative:</u>	<u>7</u>	Excellent	___	Good	___	Average	___	Fair	___	Poor
<u>Overall Rating:</u>	<u>7</u>	Excellent	___	Good	___	Average	___	Fair	___	Poor

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

Very approachable.

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.)

Keeping me updated in a timely manner

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.)

Google ad.

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.)

Uncertain about process

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.)

No info about process

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.)

*Yes Doctor referral & answering all questions
in a straightforward manner.*

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

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

*Easy
personable.*

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

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)

[Redacted Signature]

(Date)

3-21-18

(Print Name)

[Redacted Print Name]

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.