

**ALABAMA SENIOR LEGAL ASSISTANCE PROGRAM
CLIENT SATISFACTION SURVEY**

For Office Use Only

Legal Assistance

Office: _____

Case number: _____

Staff contact: _____ Date of case closing: _____

You recently received help from the Alabama Senior Legal Assistance Program. Please help us improve our services by telling us how well we served you.

1. Were there problems or delays when you first asked for help? Yes ___ No ___
2. Were you satisfied with the service you received? Yes ___ No ___
3. Did the person who handled your case treat you with respect? Yes ___ No ___
4. Did the service we provided solve your legal problem? Yes ___ No ___
5. Do you feel our staff did all they could to help you, even if we did not solve your legal problem? Yes ___ No ___
6. Would you seek legal services from us again? Yes ___ No ___
7. Would you refer another person to us for legal assistance? Yes ___ No ___

We want to be as helpful as possible. Please tell us what you liked and disliked about our services in the space below:

Please return this survey to the agency that funded the legal services provided to you in the enclosed self-addressed, stamped envelope.

Please do not sign this survey.