

Community Legal Services
Client Satisfaction Surveys

I. Introduction

Customer satisfaction is an important factor for non-profits serving their designated communities. Tools used to measure satisfaction include focus groups, telephone interviews, and anonymous customer satisfaction surveys. Surveys can be beneficial because they give customers the opportunity to candidly express their honest views of the organization without fear of retaliation. In addition, it gives the agency an opportunity to analyze its services to the community, and, if necessary, improve or enhance services.

Community Legal Services uses '*client satisfaction surveys*' as a tool to measure client satisfaction of services to its client communities of Maricopa, Mohave, Yavapai, Yuma and La Paz Counties in the State of Arizona. The agency will consider the results of this analysis when reviewing the program's substantive priorities for delivery of services to clients.

II. Background

CLS utilizes two survey forms. One form for individuals who were denied services by CLS, and another form for clients whose cases had been closed after advice, assistance and/or representation by CLS. Surveys for the years 2003-2005 were reviewed for each CLS office – Mohave County, Yavapai County, Maricopa County East Valley, Maricopa County Central Phoenix, Yuma/LaPaz County, and the Maricopa County Volunteers Lawyers Program. The results were compiled into a spreadsheet, separating information by year, office, and responses.

III. Study Design and Methodology

The survey form for clients asked specific questions regarding quality of services provided by attorney or paralegal, if their questions were answered by staff, were they kept information about the status of their case, and the overall courtesy of staff. The survey had a rating scale of (1) poor; (2) fair; (3) good; (4) very good; (5) excellent.

The form for applicants who were denied services were asked if they understood why they were denied services, if they were informed of the program's grievance procedure, and the courtesy of staff.



2007 CLIENT SATISFACTION SURVEY

In 2007 you requested legal assistance from **COMMUNITY LEGAL SERVICES**. Please help us by filling out and returning this questionnaire as soon as possible. Your answers will help us to evaluate and improve our services.

1. I telephoned for help with my legal problem. Yes___ No___
 I talked with receptionist. Yes___ No___
 I talked with an eligibility worker who took information. Yes___ No___

Please indicate overall **COURTESY**:

	Poor	Fair	Good	Very Good	Excellent
Receptionist	[]	[]	[]	[]	[]
Eligibility worker	[]	[]	[]	[]	[]

2. I left a message to be called back. Yes___ No___

Please indicate **PROMPTNESS OF CALL BACK**:

	Poor	Fair	Good	Very Good	Excellent
	[]	[]	[]	[]	[]

3. I walked into the office without an appointment. Yes___ No___

Please indicate **POLITENESS**:

	Poor	Fair	Good	Very Good	Excellent
Receptionist	[]	[]	[]	[]	[]
Eligibility Worker	[]	[]	[]	[]	[]
Paralegal	[]	[]	[]	[]	[]
Attorney	[]	[]	[]	[]	[]

4. CLS was unable to assist me because: Please check appropriate box:

- | | |
|--------------------------------------|-----|
| Exceeded Income Guidelines | [] |
| Out of Area Served by Program | [] |
| Criminal Problem | [] |
| Legal Problem not Handled by Program | [] |
| Conflict of Interest | [] |
| Not Likely to be Successful | [] |
| Other (specify): _____ | [] |

5. I understood the reason I was denied assistance: Yes___ No___

6. Was staff helpful in suggesting other sources of assistance for you? Yes___ No___

If you marked **POOR** as to any matter, please provide a brief description of the problems(s) that you encountered.

Please feel free to use this space for **ANY OTHER COMMENT** that you would like to make about Community Legal Services or any **SUGGESTIONS FOR IMPROVEMENT**.

I give permission for Community Legal Services to reprint my comment(s) for use in printed materials, if so desired. I understand only my initials will be used. Yes___ No___

I wish to be contacted – Name: _____ Address: _____
 Telephone: _____



2007 CLIENT SATISFACTION SURVEY – Closed Cases

Your legal matter/case was closed by **COMMUNITY LEGAL SERVICES** in 2007. Please help us by filling out and returning this questionnaire as soon as possible. Your answers will help us to evaluate and improve our services.

1. I telephoned for help with my legal problem. Yes___ No___
 I talked with receptionist. Yes___ No___
 I talked with an eligibility worker who took information. Yes___ No___
 Please indicate overall **COURTESY**:
 Receptionist Poor Fair Good Very Good Excellent
 Eligibility worker [] [] [] [] []
 [] [] [] [] []

2. I left a message to be called back. Yes___ No___
 Please indicate **PROMPTNESS OF CALL BACK**:
 Poor Fair Good Very Good Excellent
 [] [] [] [] []

3. I walked into the office without an appointment. Yes___ No___
 Please indicate **POLITENESS**:
 Receptionist Poor Fair Good Very Good Excellent
 Eligibility Worker [] [] [] [] []
 Paralegal [] [] [] [] []
 Attorney [] [] [] [] []

4. I was scheduled to attend a workshop. Yes___ No___
 Please indicate **WHICH WORKSHOP**
 and **QUALITY of WORKSHOP**:
 Divorce Poor Fair Good Very Good Excellent
 Paternity [] [] [] [] []
 Landlord/Tenant [] [] [] [] []
 Bankruptcy [] [] [] [] []

5. I was referred to a: Paralegal___ Attorney___ Volunteer Attorney___
 Please indicate **QUALITY OF SERVICE**
PROVIDED:
 Paralegal Poor Fair Good Very Good Excellent
 Attorney [] [] [] [] []
 Volunteer Attorney [] [] [] [] []

6. Please **BEST DESCRIBE YOUR EXPERIENCE**
 with paralegal/attorney/volunteer attorney:
 Overall quality of services Poor Fair Good Very Good Excellent
 Answered my questions [] [] [] [] []
 Involved me in decision making [] [] [] [] []
 Kept me informed [] [] [] [] []

If you marked **POOR** as to any matter, please provide a brief description of the problems(s) that you encountered.

Please feel free to use this space for **ANY OTHER COMMENT** that you would like to make about Community Legal Services or any **SUGGESTIONS FOR IMPROVEMENT**.

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I wish to be contacted – Name: _____ Address: _____
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