

# LAWYERSCLEARINGHOUSE

Affordable Housing • Community Development  
Nonprofit Legal Assistance • Homelessness Prevention



## Client Satisfaction Survey

The Lawyers Clearinghouse Community Legal Referral Program recently closed your case. We would appreciate your answering the following questions so that we may continuously improve our services. Please return the questionnaire to us in the enclosed envelope or via fax. Thank you very much for your feedback!

**CLIENT** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CONTACT:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**ATTORNEY / FIRM:** \_\_\_\_\_

1. **Were you Satisfied \_\_\_\_\_ or Dissatisfied \_\_\_\_\_ with the application and referral process?**

**Please comment:**

2. **Were you Satisfied \_\_\_\_\_ or Dissatisfied \_\_\_\_\_ with the legal assistance provided by the pro bono attorney?**

**Please comment:**

3. **Were you able to obtain everything your organization needed in terms of legal assistance?**

4. **Are there any changes you would like to see made in the way services were provided to you?**

5. **What was the impact of our pro bono legal services for your organization? Please tell us what was accomplished to improve your organization's operation through our legal services.**

6. **Please use additional space to comment on our services. Thank you very much!**