

# 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?

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

Just give them a call, they ~~make~~ <sup>make it</sup> easy on you.

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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.)

They continued to reach out to me to see how I was doing rather than me contacting them. I really didn't worry about the case once the responsibility was ~~stated~~ <sup>given</sup> to them.

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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.)

Well, My husband chose you so I can't really answer this.

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.)

Really, pissed off and frustrated that it happened. Didn't expect it to be dealt with well to the point that it would become another burden

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.)

I don't know that there were any specific challenges that we dealt with prior to hiring your office b/c we hired you within 48<sup>hr</sup> ~~hours~~ hours after the accident.

However challenges that I could foresee would have been going through the medical ~~loop~~ loopholes to get the actual care I needed.

**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.)

We hired you ~~fast~~ quickly enough that when I ~~was~~ needed to take a step in a new direction for medical treatments you had suggestions, steps, physicians etc all ready to go and send me.

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

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

Made it easy and did the work for me  
Had medical suggestions for treatment + physicians to contact to help provide the relief I needed.  
~~Got~~ Got money for the inconvenience + time spent due to the accident + treatment sought.

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

At this point I don't know that there is any as I don't have something to compare it to. Not to say that there is any dissatisfaction, but that I do not have any unreal expectations.

**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) Marianne E Machado (Date) 12/8/17

(Print Name) Marianne E Machado

**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.*