



## CUSTOMER SERVICE QUESTIONNAIRE

CASE NAME: \_\_\_\_\_ PANEL MEMBER: \_\_\_\_\_

On a scale of 1 to 5, please select the number that best reflects your experience in the above referenced matter.

	<u>Very Poor</u>	<u>Poor</u>	<u>Good</u>	<u>Very Good</u>	<u>Excellent</u>
<b>How easy was it to schedule this matter?</b>	1	2	3	4	5
<b>How would you rate the service you received from our staff?</b>	1	2	3	4	5

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>How would you rate the conference facility?</b>	1	2	3	4	5
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Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>How effective was the panel member?</b>	1	2	3	4	5
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Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>Overall, did you receive what you expected from this experience?</b>	1	2	3	4	5
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Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**How can we improve our service? (Please use separate sheet if necessary)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please fax completed survey to (310) 201-0016  
Thank you for your valuable input*