The Law Office of Nancy L. Cavey

Long Term Disability Client Exit Form

Name:	Aleela Collins-Andrews	Date	::	7/6	/L	7
Telepho	one: 813557-0936 Email: alecia C2000	@ ya	n	90. C	m	
May we	e contact you to clarify some of the responses on this form? () N	J				
Dear Client,						
At The Law Office of Nancy L. Cavey, we pride ourselves on our delivery of quality service to the client and our attention to every detail. Your complete satisfaction with our services is our primary goal. To that end, we strive to understand our client's needs, concerns and expectations so we can cater our service to directly addressing to those needs. We do this by collecting as much feedback as possible from our clients and by analyzing the client experience, from your perspective, we can continually improve our level of service. Thank you for taking the time to complete this survey, your participation is very much appreciated. Thank you, <i>The Law Office of Nancy L. Cavey</i>						
Section I		Low	est	Highest		
	The Staff was polite and respectful at all times	1	2	3	4	5
	The Staff was always prompt and on time	1	2	3	4	(5)
	The staff responded to all communication in a timely manner	1	2	3	4	(5)
	You were kept informed and updated throughout the claims process	1	2	3	4	(5)
	How well were you concerns addressed by the Staff	1	2	3	4	(3)
	The Staff conducted themselves professionally	1	2	3	4	(5)
Section	П					
	Who were you in contact with most often? Don Hall					
	From 1 – 10, how would you rate these interactions?					
	Who in the firm continually exceeded your expectations?					
On a scale of 1-100, rate your overall experience with The Law office of Nancy Cavey						
	On Average, how many times per month did our office contact you?	mo				
	Was this (circle) Too Much Just Enough Too Litt	:le				
	What was the longest period of time you did NOT hear from us?	118				

Section III

Please list two aspects of our practice you think should be improved

Please list two aspects of our practice you thought were exemplary

NIA

Please list two aspects of our practice you thought were exemplary Friendy Staff, quick response to email
Think back carefully. How many times were your expectations not realized or forced to change because of unanticipated circumstances? \mathbb{N}/\mathbb{H}
If your expectation were significantly different than the final outcome, please explain. I thought the cube was worth way now but apprently the opposing counsel did not.
What are your feelings on the final outcome. I was disappointed but what can I do. I guess something is better than nother
I guess something is better than noth
In retrospect, were there times when you think you should have acted differently?
$\mathcal{N} \partial$
How would you compare our firm to other law offices you have been / are a client of? Think your firm ois Very friendly and carries
Section IV – Anything Else?
Is there anything this form did NOT address? Do you have any suggestions for improving the exit form or how we handle the exit process? Please attach any additional comments to this form.
We value what you have to say and we want to share it with potential clients. If you would like to give us written or video testimonial please attached it to the form or call the office to make an appointment. Then sign below to authorize us to distribute your testimonial and /or your comments for promotional purposes.
(circle one) <u>Testimonial</u> <u>Comments of this Form</u>
Signature Allin Auchlus
821 Sixteenth Street North – St. Petersburg, FL 33705 – 727.894.3188 – Fax 727.821.2751