

## SWW Customer Satisfaction Survey

In order to ensure that the service offered by members of The Society of Will Writers is maintained at the highest possible standard we would be grateful if you would complete the following assessment of the Member and the Will writing service they carried out. Information provided will be treated in the strictest confidence and used only to monitor and enhance the service provided.

Member's Name:					
(Please tick) Overall Professionalism of Member After Sales Service Value for Money Overall Satisfaction with the Member General Comments:	Poor	Satisfactory	Good	Very Good	Excellent
(Please tick) Were you supplied with a full breakdown of fees and	d charg	es prior to	Yes	No	Not Sure
instructing the Member? Were you asked to provide evidence of your identific Were you provided with a copy of the Member's Ter Were you provided with a full explanation of the ser Were your documents received within the agreed till Were you offered an attestation service?	ms of E vices?				
Your Details					
Name:					
Address:					
Telephone No.:					
(please leave your details blank if you would like to remain anonymou	ıs)				

When this form is complete please return it to The Society of Will Writers head office by post or email.