



COUNTY GOVERNMENT OF NAROK
OFFICE OF THE COUNTY ATTORNEY

CUSTOMER SATISFACTION SURVEY FORM.

Date.....

Service Reference Number:

SECTION 1:
CUSTOMER INFORMATION (Optional)

Name.....

Contact Information:

Department/Office Served.....

SECTION 2:
SERVICE RATING

Rate the following aspects on a scale of 1 to 5:

1 - Poor | 2 - Fair | 3 - Good | 4 - Very Good | 5 - Excellent

Service Aspect	Rating (1-5)
Timeliness of service delivery	[]
Courtesy and professionalism of staff	[]
Clarity and accuracy of legal advice	[]
Transparency in handling legal matters	[]
Efficiency in resolving legal inquiries	[]
Accessibility of legal officers	[]

Confidentiality and privacy of your case []

Overall satisfaction with the legal services []

SECTION 3:

FEEDBACK & SUGGESTIONS

What did you like most about our legal services?

.....
.....

What areas need improvement?

.....
.....

Were your legal concerns fully addressed? (Yes / No)

.....
.....

If **No**, please explain:

.....
.....

Would you recommend our legal services to others? (Yes / No)

.....
.....

Any additional comments or suggestions:

.....
.....

SECTION 4:

DECLARATION (Optional)

Would you like to be contacted for further clarification regarding your feedback? (Yes / No)

If **yes**, please provide your preferred contact method:

Phone / Email:

Thank you for your time and feedback!

Your input will help us enhance legal service delivery in Narok County.

For Official Use Only

Received by:.....

Date:.....

Comments:.....

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