



DISABILITY LAW COLORADO™

Protecting the rights of Coloradans of all ages since 1976



Client Services Questionnaire



Attorney/Advocate's Name: _____

Client Name: _____

We enjoyed working with you. Now that we have closed your case file, we would like to know what you thought about the services you received from Disability Law Colorado. Your answers are very important in the development of our services. Please take some time to fill out and return this questionnaire. Thank you very much!

- How satisfied overall were you with the help you received from Disability Law Colorado?

Not Satisfied _____



Satisfied/OK _____



Very Satisfied _____



- Disability Law Colorado staff was courteous during my interactions with them.

YES _____

NO _____

- I am satisfied with the work Disability Law Colorado did on my case.

YES _____

NO _____

- I am satisfied with the outcome of my case.

YES _____

NO _____

- The service I received is worth paying for.

YES _____

NO _____

- If you had another problem, would you use Disability Law Colorado's services again?

YES _____

NO _____

- After my initial contact, someone from Disability Law Colorado called me...

within 2 days

after 3 days

after 4 days

after 5 days

In your own words, how were Disability Law Colorado's services helpful or not helpful in your case?



Thank you again for completing this questionnaire!



Please return completed forms to Disability Law Colorado at dlcmail@disabilitylawco.org or the address/fax number below.

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