

Cobb County Solicitor General's Office Public and Client Feedback Survey

Section 1: General Information

1. Date of Interaction:

2. Case Number (if applicable):

3. Type of Case:

Section 2: Assistant Solicitor General Services

1. Did the Assistant Solicitor General clearly explain the legal process to you? (Y/N)
2. Were you treated with courtesy, professionalism, and respect? (Y/N)
3. Did you feel your case was handled fairly and impartially? (Y/N)

Section 3: Victim Witness Advocate Services

Prior to your in-person visitation to the Solicitor's Office:

1. Were you contacted by a Victim Witness Advocate regarding your case? (Y/N)
2. Did the Victim Witness Advocate provide you with useful information about your rights and available services? (Y/N)
3. Were your questions and concerns addressed with empathy, respect, and understanding? (Y/N)
4. Was your communication (phone calls, emails) responded to promptly, courteously, and professionally? (Y/N)

Section 4: Legal Assistant Services

Prior to your in-person visitation to the Solicitor's Office:

1. Was your communication (phone calls, emails) responded to promptly, courteously, and professionally? (Y/N)
2. Did the Legal Assistant provide clear and accurate information? (Y/N)
3. Were documents and case materials handled efficiently and correctly? (Y/N)

Section 5: Front Desk

1. Were you greeted promptly and courteously upon arrival? (Y/N)
2. Did the Front Desk Personnel assist you in finding the right person or department? (Y/N)

3. Were the Front Desk Personnel knowledgeable and able to answer basic questions about office procedures? (Y/N)
4. Did you feel welcomed and respected during your visit? (Y/N)

Section 6: Overall Experience

1. How satisfied are you with the overall services provided by the Cobb County Solicitor General's Office?
2. What did you find most helpful about our services?
3. What areas could we improve upon?
4. Were our staff members courteous, knowledgeable, and responsive during your interactions? (Y/N)
5. Did you encounter any challenges when accessing our services? If yes, please describe:

Optional Contact Information (if you would like a follow-up):

Name:

Phone/Email:

Thank you for your valuable feedback!

Confidentiality Notice:

Your feedback will be reviewed anonymously unless you choose to provide your contact information for follow-up purposes.

Please download this document, fill out form, and click on email icon to send.