The Gavel - Member Evaluation

**The Gavel values your feedback, and your time. Please let us know about your experience with the members of Your Claims Defense Network. This form will be encrypted using SSL to ensure privacy of its contents.**

YOUR NAME

YOUR COMPANY

YOUR POSITION

Are you a client of The Gavel? (highlight or circle) YES NO No, but please contact me

Please complete if you want to hear from us about your feedback or about joining The Gavel:

telephone

e-mail:

THE GAVEL – member firm retained

THE GAVEL – attorney retained

THE GAVEL – date retained and type of case

Please provide a rating of 1 to 5 using this Rating Scale:
5 Exceeds Expectations 4 Above Average 3 Adequate 2 Disappointing 1 Below Industry Standards

Responsive  5  4  3  2  1

Communicates clearly  5  4  3  2  1

Legal Knowledge  5  4  3  2  1

Case Management  5  4  3  2  1

Productive  5  4  3  2  1

Cost Effective  5  4  3  2  1

GENERAL FEEDBACK – is there anything you would like the Executive Board to know about your experience?

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