

CLIENT SURVEY

Thank you for the privilege of representing you in your injury claim. Please help me improve my service by answering this brief survey. A stamped envelope is enclosed.

Bill Berenson

A. Were you satisfied overall with:

Your treatment by this office?

yes     no     undecided

Your results?



yes     no     undecided

B. Would you recommend this office?

yes     no     undecided

C. Do you have any positive comments about this office you would like to share?

Everyone Friendly and very professional  
make you feel comfortable and  
do what they can ~~do~~ to help you!

D. If there was something we could have done better, what was it?

NA

D. What is your overall rating of this office?

- Very pleased
- Somewhat pleased
- Neither pleased nor displeased
- Somewhat displeased
- Very displeased

F. If there was one staffer who was especially helpful, who was it? All 3 very good

What did he/she do that you liked best? \_\_\_\_\_

G. Optional: Your name: SANDRA ODOM  
THANK-YOU ONCE AGAIN!