

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?

VERY SATISFACTORY RESULTS

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

I HAD TO INITIATE ANY DIALOGUE

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? _____

What did he/she do that you liked best? _____

G. Optional: Your name: ED SCOTT