

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 helpful

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

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: Garth Berenson