

**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?

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

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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

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

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G. Optional: Your name: Steve Smith