

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 nice, respectful people. wonderful service.
Did a good job with our case. we thank you
very much.

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

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: Samantha Smith