

**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?

They were very nice. I would  
definitely recommend them to  
others in any ~~and~~ situations I could

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

were great.

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? Mrs. Loran

What did he/she do that you liked best? She kept me informed  
and was really nice.

G. Optional: Your name: X JOANNA Allbright