

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?

The entire office staff was of great
help during the whole process.

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

I think you all did what was
able to be done in my case.

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? Lauren

What did he/she do that you liked best? She brought the
check to my home. Thanks

G. Optional: Your name: JEREMIAH OWENS