

**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 pleasant and timely answers. The woman who came to visit us initially put us at ease about the process.*

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

*Nothing.*

E. 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?

*Loran*

What did he or she do that you liked best?

*always responded quickly to my questions*

G. Optional: Your name:

*Kristi Millice*