

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 office is very great Mr. Berenson  
is a great Attorney

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

\_\_\_\_\_  
\_\_\_\_\_

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? \_\_\_\_\_

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

\_\_\_\_\_

G. Your name: \_\_\_\_\_ Date: \_\_\_\_\_