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?	X yes	__ no	__ undecided
Your results?	X yes	__ no	__ undecided

B. Would you recommend this office? X yes __ no __ undecided

C. Do you have any positive comments about this office you would like to share?

They kept me informed and educated in the processes of a ~~[illegible]~~ case like mine.

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

~~done~~ Nothing, your Staff was very comforting.

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? Both did an excellent job.

What did he or she do that you liked best? Never gave me trouble when I called with silly questions.

G. Your name: Kevin T. Date: 3-29-10