## **Client Satisfaction Review**

Your thoughts about our service are important to us. Any feedback about specific things that we could do to improve our client experience would be greatly appreciated.

1.	On a scale of 0 to	a scale of 0 to 10, how likely would you be to recommend us to friends and family?										
	(circle a number)	0	1	2	3	4	5	6	7	8	9	10
2.	How would you r				_		-					
	<b>Trustworthy:</b>	$\checkmark$	Excelle	nt		Good		Aver	age		Fair	 Poor
	Responsive:	1	Excelle	nt	<del></del>	Good		Aver	age		Fair	 Poor
	Knowledgeable:	_										Poor
	Informative:		Excelle									Poor
	<b>Overall Rating:</b>		Excelle	nt		Good		Aver	age		Fair	 Poor
3. 	If you were to say? They aveous	<u>و</u> ن	اوس	7-7	the	71.00	razb					
Trea	What specific imples: Friendly and ited you like family will and the control of t	d down	to earth vorthy a	h; Ke	pt you ionest,	informetc.)	ned; Fou	ught fo	<i>/Ory</i> <i>LI</i> IV	رو دو	+ c	tress;

5. Why did you decide to hire us in the first place?	
(Examples: Referred by a friend or family member; Read Keith's book; Keith's story; Saw reviews on Google/Avvo/Facebook; Keith's 100% Satisfaction Guarantee, etc.)	5
heterred by afriend	
6. How did you feel about your injury case before you hired us?	
(Examples: Hesitant to talk to an attorney; Cautious about who to trust; Tired of suffering alo Frustrated with insurance company delays; Anxious about paying medical bills; Worried whether yould afford a lawyer; Uncertain about how long it would take, etc.)	
I was stay becaus I had	
read about the firm before I	
Came in	
7. What were the biggest challenges you had before you hired us?	
(Examples: Unable to pay your medical bills; Fear of the unknown; No expert guidance on what y should do next; No practical information on choosing the right doctor; Not sure who to trust; No understanding the injury law process; Need help fixing or replacing your car, etc.)	
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8. How did we make it easier for you to address those challenges?							
(Examples: Answered your questions; Scheduled doctor's appointments for you; Taught you your rights, Advised you about mistakes to avoid; Helped you move forward; Maximized the money you recovered, etc.)							
linguered my questions, I didn't							
answered my questions, I didn't							
9. What were the top 2-3 benefits of hiring us?							
(In your own words, what specific things did you find MOST helpful?)							
My Doctors appointments							
My prescription card							
Everytime I carled of my carl was							
Unswered							
10. What specific things, if any, could we do to change or improve our service to create a better experience for you?							
Nothing I didn't have no problem							

Almost done...

11.	May we share your comments with the public (to give other injured people a sense of what you thought about our services)?							
	No							
12.	How would you like your name to appear if we use your comments?  Show Full NameShow First Name OnlyPost Comments Anonymously							
/Signate	ure Please Diennie Bernie Date) 512-20							
	Jame) Adrienni Berniard							

## **THANK YOU for your client satisfaction survey!**

Please return this by hand delivery or mail to

920 Derbigny Street, Gretna, Louisiana 70053

by fax to 504-264-5580, or by email to klm@magnesslaw.com

We greatly appreciate your input and time.