

**Monterey County  
Worker's Comp Claims Handling  
Satisfaction Survey**



**1. What did you like or dislike about how your injury/illness was handled?**

**2. Did you receive adequate and timely communication with the Liberty Mutual Adjuster? Was it written or verbal?**

**Please check the name of your Claims Adjuster:**

Pete Meyers       Cherlon Taubodo       John Stevens       Jared Zarecky

Other

**3. Please rate their service to you. (Please choose one)**

5-Excellent     4-Good     3-Average     2-Fair     1-Poor

Name (Optional)

Date:

Please forward this completed evaluation to ???. We thank you for your participation, which allows us to improve services to you, our customer. ***Together We Can Make A Difference!***