

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 1513-xxxx.

## Claims

**Specialist/Clerks Name** \_\_\_\_\_

**Industry Member Owners**

**Name** \_\_\_\_\_

**Registry Number** \_\_\_\_\_

**Permit Number** \_\_\_\_\_

**Person being Interviewed** \_\_\_\_\_

(Rate on a scale of 1 to 5 with 1 being least satisfied and 5 being most satisfied)

1. How satisfied were you with the ease of obtaining the appropriate claim forms?
2. How satisfied were you with the ease of understanding the claim form instructions?
3. How reasonable do you think the information we asked you to provide was?
4. How satisfied were you with the acknowledgement of receipt of your claim by the Bureau?
5. How satisfied were you with the ease of contacting your specialist working on your claim?
6. How satisfied were you with the technical knowledge of your specialist?
7. How satisfied were you with the courtesy and professionalism of your specialist?
8. How satisfied were you with the ability of your specialist to resolve issues?
9. How satisfied were you with your specialist in keeping you up-to-date on the status of your claim?
10. How satisfied were you with the length of the claim filing process from start to finish?
11. How satisfied were you with the notification of the final approval or action of your claim?
12. How satisfied were you with the amount of time you had to spend on the claim filing process?
13. How satisfied were you with the fairness of treatment by the Bureau on your claim?
14. How satisfied were you with the overall way your claim was handled?