

# EEOICPA Customer Satisfaction Survey

The Division of Energy Employees Occupational Illness Compensation (DEEOIC) is committed to improving the services we provide, especially when it comes to processing claims. Your opinions are very important to us. Please complete this questionnaire to give us your views of the service you received during your claims process

### MARKING INSTRUCTIONS Correct Marking Example:

- Use blue or black pen or a number 2 pencil.
- Do not use pens with ink that soaks through the paper.
- Make no stray marks.
- Keep all entries within the boxes.

1. How did you file your EEOICPA claim?

- District Office
- Resource Center by mail
- Resource Center in person
- Online
- Other

2. What type of claim did you file?

- Part B
- Part E
- Both
- Don't know / don't remember

3. Did you file as an employee or a survivor?

- Employee
- Survivor

4. What additional assistance would you like to see DEEOIC offer?

- Medical (such as help identifying physicians, pharmacies, and other health-care providers)  
Impairment evaluation(s)  
None
- Impairment evaluation(s)
- None
- Other (please specify) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Would you recommend this program to a friend with similar conditions?

- Yes
- No

Please explain **why you would** or **why you would not** recommend this program to a friend with similar conditions:

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*Feel free to provide additional comments on an extra sheet of paper and return them with this survey*  
**(PLEASE CONTINUE TO PAGE 2)**

**(PLEASE CONTINUE TO QUESTION 5) |**

For questions 6 through 8, using a scale of 1 to 5 where 1=Poor and 5=Excellent, please rate each of the following areas regarding the services you received from EEOICPA. If the area is not applicable to your experience, please select NA.

<b>6. Your Resource Center experience</b>	<b>Poor 1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>Excellent 5</b>	<b>NA</b>
a. Responsiveness to your inquiries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Courtesy of staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Explanation of claims process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Privacy/confidentiality of your personal information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Usefulness of educational/informational brochures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Overall Resource Center rating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7. Your District Office experience</b>	<b>Poor 1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>Excellent 5</b>	<b>NA</b>
a. Responsiveness to your written inquiries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Responsiveness to your verbal inquiries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Courtesy of staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Explanation of claims process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Explanation of the impairment and/or wage-loss process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Clarity of correspondence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Privacy/confidentiality of your personal information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Clarity and understandability of the recommended decision on your claim	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Explanation of your right to object	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Overall District Office rating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8. Your Final Adjudication Branch (FAB) experience</b>	<b>Poor 1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>Excellent 5</b>	<b>NA</b>
a. Responsiveness to your written inquiries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Responsiveness to your verbal inquiries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Courtesy of staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Explanation of the FAB review process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Experience with the hearing process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Clarity of correspondence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Privacy/confidentiality of your personal information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Clarity and understandability of the final decision on your claim	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Overall FAB rating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Thank you for your time!**