

Dear **INSERT RESPONDENT NAME FROM SAMPLE,**

On behalf of the Department of Labor, Division of Energy Employees Occupational Illness Compensation, enclosed please find a brief Customer Service Satisfaction Survey. Our records show that you filed a claim under the Energy Employees Occupational Illness Compensation Program Act (EEOICPA). This survey is being sent to claimants who have been through our claims process, and the results of the survey will allow us to gain information about your experiences with the program, from a customer service perspective. Your participation in completing this survey is strictly voluntary and your answers will remain anonymous.

We are interested in hearing about your experiences dealing with the EEOICPA offices and staff. One of our highest priorities is to be responsive to all claimant questions and requests for information, and we want to provide those responses as efficiently and completely as possible. We also want to ensure that our staff are courteous and professional in every interaction and that correspondence is clear and concise. The responses we receive to this survey will help us to identify areas in which the program can improve and to ensure we are providing the highest level of assistance to our claimants. To verify the authenticity of the survey sent to you by Synovate, a survey research firm, or to ask questions about your claim, you can contact the EEOICPA staff at 866-888-3322 or 202-693-0081.

We are committed to providing our claimants with the best possible customer service. Please take a moment to complete this short survey, and return it to us using the enclosed pre-paid envelope within the next two weeks. Your feedback is very important to us.

Sincerely,

**PROVIDE SIGNATURE**

Rachel Leiton, Director  
Division of Energy Employees Occupational Illness Compensation  
Department of Labor

Enclosures

## **PRIVACY**

Responses to this data collection will be used only for statistical purposes. The reports prepared for this study will summarize findings across the sample and will not associate responses with an individual. We will not provide information that identifies you to anyone outside the study team, except as required by law.

## **PAPERWORK REDUCTION ACT STATEMENT**

Completion of this survey is voluntary. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time to review the instruction, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any aspects of this data collection, contact: U.S. Department of Labor, Office of the Chief Information Officer, Attention: Departmental Clearance Officer, 200 Constitution Avenue, N.W., Room N-1301, Washington, DC 20210 or email DOL\_PRA\_PUBLIC@dol.gov and reference the OMB Control Number 1225-0059. Do not send the completed surveys to this office.