Office of Workers' Compensation Programs Customer Satisfaction Survey

Exit this survey

1. Introduction ----------OMB No. 1225-0059

Welcome!

The Office of Workers' Compensation Programs is committed to continuous improvement of our services with the ultimate goal of achieving total customer satisfaction. We would greatly appreciate if you would answer a short survey and let us know how well we assisted you. This survey of seven questions should take no more than five minutes to complete.

The intent of this survey is to capture your feedback on the professionalism and responsiveness of our staff. Please do not respond on the basis of your satisfaction with the outcome of a claim. If you are not satisfied with the outcome of a claim, other, more effective means are available to you including providing additional information and appealing the decision directly with the administering Program.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 5 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is voluntary. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the 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. Note: Please do not return the completed survey application to this address.

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2. Survey Participant

1. Please indicate your role (select one):

- Claimant
- Provider

Other (please specify - e.g., Insurance company, self-insured employer, rehabilitation counselor, etc.)

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3. Office Contacted

2. Which benefit program did you most recently contact?

- Federal Employees Compensation
- Black Lung Benefits
- Longshore and Harbor Workers' Compensation (includes Defense Base Act)
- Energy Employees Occupational Compensation

3. Please indicate which specific program office you most recently contacted (select one):

- Division of Federal Employees' Compensation National Office
- Division of Federal Employees' Compensation District Office
- Division of Energy Employees Occupational Illness Compensation National Office
- Division of Energy Employees Occupational Illness Compensation District Office
- Division of Energy Employees Occupational Illness Compensation Resource Center
- Division of Longshore and Harbor Workers' Compensation National Office
- Division of Longshore and Harbor Workers' Compensation District Office
- Division of Coal Mine Workers' Compensation National Office
- Division of Coal Mine Workers' Compensation District Office
- Medical Benefit (ACS Central Bill Processing)

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4. Response Time

4. Overall, how satisfied were you with the timeliness of the response provided to you by the representative?

- Very satisfied
- Somewhat satisfied
- Neutral
- Somewhat dissatisfied
- Very dissatisfied

Please add any additional comments.

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5. Knowledge of individual providing assistance

5. Do you agree or disagree? The representative who assisted you was knowledgeable about the subject matter.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

Please add any additional comments.

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6. Characteristics of Your Representative

6. How well do each of the following words describe the representative who assisted you?

	Excellent	Good	Fair	Poor
Communicates Clearly				
Professional				
Responsive				
Courteous				
Other				

(please specify)

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7. Overall Satisfaction

7. Overall, how satisfied were you with the representative who assisted you?

- Very satisfied
- Somewhat satisfied
- Neutral
- Somewhat dissatisfied
- Very dissatisfied

Please add any additional comments.

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8. Completed

Thank you for your feedback! Your responses will help us improve service to our claimants and other stakeholders.

Prev Done