



Office of Workers' Compensation Programs  
United States Department of Labor  
200 Constitution Avenue N.W.  
Washington, DC 20210



## Introduction

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 short survey should take no more than five minutes to complete. You can also complete this survey on-line, found on our homepage (under highlights): <http://www.dol.gov/owcp/dlhwc/index.htm>.

The intent of this survey is to capture your feedback on the quality of our staff services. 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, such as providing additional evidence or appealing the decision. Contact us to find out how. <http://www.dol.gov/owcp/dlhwc/lscntac.htm>

If you do not wish to take the survey online, you may send your completed survey by mail to:

U.S. Department of Labor  
200 Constitution Ave. N.W.  
Room S3522, Attention: Customer Satisfaction Survey  
Washington, DC 20210

### 1. Which office within the Longshore and Harbor Workers' Compensation (Defense Base Act) program did you most recently contact?

- Baltimore, MD       Boston, MA       Honolulu, HI       Houston, TX  
 Jacksonville, FL       Long Beach, CA       New Orleans, LA       New York, NY  
 Norfolk, VA       San Francisco, CA       Seattle, WA       Washington, DC

### 2. How did you contact this office?

- In writing       By phone

If contact was by phone: From the date of your telephone contact with the office, how many business days did it take to receive a return call?

- Same day       One day       Two days       Three days       Four to six       More than six

### 3. 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

Additional comments.

**4. How well does the term "Professional" describe the individual who assisted you?**

- Excellent     Good     Fair     Poor

Additional comments.

**5. How well does the term "Courteous" describe the individual who assisted you?**

- Excellent     Good     Fair     Poor

Additional comments.

**6. Do you agree or disagree? The individual who assisted you was knowledgeable about the subject matter.**

- Strongly Agree     Agree     Neutral     Disagree     Strongly Disagree

Additional comments.

**7. a) Was the service provided to you helpful in answering your questions/issue?**

- Strongly Agree     Agree     Neutral     Disagree     Strongly Disagree

**b) If the service provided did not answer your question/issue, were you given a date when you could expect an answer?**

- Yes     No

**c) Was the service provided to you helpful in clarifying your issue?**

- Strongly Agree     Agree     Neutral     Disagree     Strongly Disagree

**d) Was the service provided to you helpful in explaining the next steps in the process?**

- Strongly Agree     Agree     Neutral     Disagree     Strongly Disagree

**e) Was the service provided to you helpful in suggesting alternatives?**

- Strongly Agree     Agree     Neutral     Disagree     Strongly Disagree

**f) Was the service provided to you helpful in clearly explaining the potential delays in resolving the issues at a more formal level?**

- Strongly Agree     Agree     Neutral     Disagree     Strongly Disagree

Additional comments.

**8. Overall, how satisfied were you with the service provided to you?**

- Very satisfied    Somewhat satisfied    Neutral    Somewhat dissatisfied  
 Very dissatisfied

Additional comments.

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 10 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](mailto:DOL_PRA_PUBLIC@dol.gov) and reference the OMB Control Number 1225-0088. Note: Please do not return the completed survey application to this address.