



FMLA CUSTOMER EXPERIENCE SURVEY

The following questions ask you to rate the performance of the Wage and Hour Division (WHD) when it conducted its investigation of your case. Please answer all of the questions. If you wish to comment on any question, please feel free to use the space at the end. Note: Responses to this survey are anonymous; therefore, please do not include any names or other identifying information. Thank you for your help.

1. Where did you learn that WHD was the appropriate agency to contact to file a complaint? (Please mark your answer with an X; select all that apply)

- DOL website Other website Co-worker News or media
- Federal agency Family member or friend Union member Worker rights advocate
- State agency WHD publication WHD publication Lawyer or accountant
- Phone book Poster at work

2. Why did you request FMLA? (Please mark your answer with an X; select all that apply)

- For your own serious health condition
- For the care of your child, spouse or parent who had a serious health condition
- For the foster care or adoption of a child
- For the birth or care of newborn child
- For the care of a service member with a serious injury or illness
- For a qualifying exigency related to a family member's military deployment

3. How did you contact WHD? (Please mark your answer with an X; select all that apply)

- Phone Email In-person Written

4. Overall, are you satisfied with your experiences with WHD? Please use the scale 1 through 5, with "1" being strongly disagree and "5" being strongly agree (circle one).

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1	2	3	4	5

PLEASE RATE WHD IN THE FOLLOWING AREAS:
(circle one)

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
5. WHD's communication was easy to understand	1	2	3	4	5
6. WHD's communication with me was timely	1	2	3	4	5
7. WHD kept me informed of my case's progress	1	2	3	4	5
8. WHD personnel were courteous	1	2	3	4	5

9. How long did it take to make a determination on your complaint? _____

10. Was your complaint found to be valid? *(Please mark your answer with an X)*

- Yes No Don't Know

11. Were you informed of the resolution of your complaint? *(Please mark your answer with an X)*

- Yes No Don't Know

12. Given your recent experience with WHD, if the circumstance came up, would you file a complaint again?

Please use the scale 1 through 5, with "1" being strongly disagree and "5" being strongly agree (circle one).

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|-------------------|----------|----------------------------|----------|----------------|
| Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree |
| 1 | 2 | 3 | 4 | 5 |

13. Were you able to communicate with WHD in a language you could understand? *(Please mark your answer with an X)*

- Yes No

13a. If your answer to 13a was "no," what language would you have preferred? _____

14. Do you have any suggestions for improving your experience with WHD?

Public Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to this collection of information unless it displays a valid OMB control number. While the obligation to respond to this collection of information is voluntary, your answers to the enclosed questionnaire will be used to make improvements in how the Wage and Hour Division performs its investigations with respect to timely service, communication and performance in protecting your rights to job protected family and medical leave. We estimate it will take an average of 10 minutes to complete this collection of information, based on agency experience in the conduction of previous customer satisfaction surveys. If you have any questions for reducing this burden, send them to the Administrator, Wage and Hour Division, Room S-3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210 or email DOL_PRA_PUBLIC@dol.gov and reference OMB No. 1225-0088. Note: please do not return the completed survey to this address.