

## 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 survey consists of between fifteen and twenty questions depending upon your responses and should take no more than eight to ten minutes to complete.

The intent of this survey is to capture your feedback on quality of service you received from 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 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.

## Program Contacted

**\*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

## Federal Employees' Compensation

**Which Office within the Division of Federal Employees' Compensation did you most recently contact?**

Office Locations

Please select one of the choices in the drop down box on the right.

## Method of Contact

### How did you contact this office?

- In writing
- By phone

## Timeliness

**Overall, how satisfied were you with the timeliness of the response provided to you?**

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

Please add any additional comments.

## Return Call

**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 days
- More than six days

## Rating About the Individual That Assisted You

**How well does each of the following words describe the individual who assisted you**

	Excellent	Good	Fair	Poor
Professional	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Courteous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please add any additional comments.

## Knowledge

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

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

Please add any additional comments.



## Service Provided

**Was the service provided to you helpful in:**

**a) Answering your question/issue?**

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

Please add any additional comments.

## Answering your question/issue (continued)

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

- Yes
- No

## Service Provided (continued)

**Was the service provided to you helpful in:**

### **b) Clarifying your issue?**

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

Please add any additional comments.

### **c) Explaining next steps in the process?**

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

Please add any additional comments.

### **d) Suggesting alternatives?**

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

Please add any additional comments.

**e) Clearly explaining the potential delays in resolving the issues at a more formal level?**

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

Please add any additional comments.

## Overall Satisfaction

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

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

Please add any additional comments.

## Optional Additional Questions

**Would you be willing to answer several additional questions specific to the Federal Employees' Compensation Program?**

- Yes
- No

## FECA Role Connection

### What is your role in connection to the FECA program?

- Claimant
- Employer
- Injury/Compensation Specialist/Treatment Provider

## FECA Question/Issue

**Please indicate, in general terms, what your question/issue was about?**

- Acceptance/Denial
- Compensation Payments
- Bill Payment
- Medical Authorization



## FECA Benefit

**Has this office ever denied you a benefit?**

Yes

No

## FECA Denied Benefit

**Was your contact about a denied benefit?**

Yes

No

## Black Lung Benefits

### Which Office within Black Lung Benefits did you most recently contact?

Office Locations

Please select one of the choices in the drop down box on the right.

## Black Lung Benefits: Method of Contact

### How did you contact this office?

- In writing
- By phone

## Black Lung Benefits: Timeliness

**Overall, how satisfied were you with the timeliness of the response provided to you?**

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

Please add any additional comments

## Black Lung Benefits: Return Call

**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 days
- More than six days

## Black Lung Benefits: Rating About the Individual That Assisted You

**How well does each of the following words describe the individual who assisted you**

	Excellent	Good	Fair	Poor
Professional	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Courteous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please add any additional comments

## Black Lung Benefits: Knowledge

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

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

Please add any additional comments



## Black Lung Benefits: Service Provided

**Was the service provided to you helpful in:**

**a) Answering your question/issue?**

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

Please add any additional comments.

## **Black Lung Benefits: Answering your question/issue (continued)**

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

- Yes
- No

## Black Lung Benefits: Service Provided (continued)

**Was the service provided to you helpful in:**

### **b) Clarifying your issue?**

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

Please add any additional comments.

### **c) Explaining next steps in the process?**

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

Please add any additional comments.

### **d) Suggesting alternatives?**

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

Please add any additional comments.

**e) Clearly explaining the potential delays in resolving the issues at a more formal level?**

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

Please add any additional comments.

## Black Lung Benefits: Overall Satisfaction

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

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

Please add any additional comments.

## **Black Lung Benefits: Optional Additional Question**

**Would you be willing to answer one additional question specific to the Coal Mine Workers' Compensation Program?**

- Yes
- No

## Black Lung Benefits: Final Question

**Regardless of the status or outcome of your claim, was the staff member able to meaningfully respond to your question(s)?**

- Yes
- No

If not, please explain.

## Longshore and Harbor Workers' Compensation

**Which Office within the Division of Longshore and Harbor Workers' Compensation did you most recently contact?**

Office Locations

Please select one of the choices in the drop down box on the right.



## Longshore: Method of Contact

### How did you contact this office?

- In writing
- By phone

## Longshore: Timeliness

**Overall, how satisfied were you with the timeliness of the response provided to you?**

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

Please add any additional comments

## Longshore: Return Call

**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 days
- More than six days

## Longshore: Rating About the Individual That Assisted You

**How well does each of the following words describe the individual who assisted you**

	Excellent	Good	Fair	Poor
Professional	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Courteous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please add any additional comments

## Longshore: Knowledge

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

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

Please add any additional comments

## Longshore: Service Provided

**Was the service provided to you helpful in:**

**a) Answering your question/issue?**

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

Please add any additional comments.

## Longshore: Answering your question/issue (continued)

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

- Yes
- No

## Longshore: Service Provided (continued)

**Was the service provided to you helpful in:**

**b) Clarifying your issue?**

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

Please add any additional comments.

**c) Explaining next steps in the process?**

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

Please add any additional comments.

**d) Suggesting alternatives?**

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

Please add any additional comments.



**e) Clearly explaining the potential delays in resolving the issues at a more formal level?**

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

Please add any additional comments.

## Longshore: Overall Satisfaction

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

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

Please add any additional comments.

## Longshore: Optional Additional Questions

**Would you be willing to answer several additional questions specific to the Longshore and Harbor Workers' Program (including the Defense Base Act)?**

- Yes
- No

## Informal/Mediation Timeliness

**The Informal Conference/Mediation I participated in was scheduled and held in a timely manner:**

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

Please add any additional comments.

## My Preparedness

**For THIS Conference/Mediation, I believe I had adequate time to gather and prepare information in support of my position.**

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

Please add any additional comments.

## Rediness of other parties

**For THIS Conference/Mediation, the other parties involved with this session were prepared to discuss options and authorized to make the appropriate level of decisions to resolve this dispute.**

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

Please add additional comments.

## Skillfulness and Ability of the Claims Examiner

**For THIS Conference/Mediation, the Claims Examiner or District Director was helpful in assisting the parties in:**

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Clarify Issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Suggesting Alternative Solutions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assisting the parties in communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recommending a likely outcome based on facts of the case so far	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clearly explaining the next steps to the process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clearly explaining the potential delays in resolving the issues at a more formal level	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Overall Dispute Resolution

**Overall, I believe the OWCP Informal Dispute Resolution process is helpful in resolving the dispute issues on this claim.**

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

Please add any additional comments.



## Energy Employees Occupational Illness Compensation

**Which Office within the Division of Energy Employees Occupational Illness Compensation did you most recently contact?**

DOL Office Locations

Resource Center Locations

Please select either one of the DOL Office Locations "OR" one of the Resource Center Locations in the drop down boxes on the right, not both.



## Energy: Method of Contact

### How did you contact this office?

- In writing
- By phone

## Energy: Timeliness

**Overall, how satisfied were you with the timeliness of the response provided to you?**

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

Please add any additional comments

## Energy: Return Call

**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 days
- More than six days

## Energy: Rating About the Individual That Assisted You

**How well does each of the following words describe the individual who assisted you**

	Excellent	Good	Fair	Poor
Professional	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Courteous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please add any additional comments

## Energy: Knowledge

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

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

Please add any additional comments

## Energy: Service Provided

**Was the service provided to you helpful in:**

**a) Answering your question/issue?**

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

Please add any additional comments.

## Energy: Answering your question/issue (continued)

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

- Yes
- No



## Energy: Service Provided (continued)

**Was the service provided to you helpful in:**

### **b) Clarifying your issue?**

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

Please add any additional comments.

### **c) Explaining next steps in the process?**

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

Please add any additional comments.

### **d) Suggesting alternatives?**

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

Please add any additional comments.

**e) Clearly explaining the potential delays in resolving the issues at a more formal level?**

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

Please add any additional comments.

## Energy: Overall Satisfaction

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

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

Please add any additional comments.

## Energy - Optional Additional Questions

**Would you be willing to answer several additional questions specific to the Energy Employees' Occupational Compensation Program?**

- Yes
- No

## Energy: Additional Questions

### Did you contact the office to ask a question or resolve an issue?

- Ask a question
- Resolve an issue

### Did you get the question or issue resolved?

- Yes
- No

### Please indicate, in general terms, what your question/issue was about.

- Acceptance/Denial
- Compensation Payments
- Bill Payment
- Other

Other (please specify)

### Have you been issued a decision on an existing case?

- Yes
- No

## Energy: Acceptance/Denial

**Was the decision accepted or denied?**

- Accepted
- Denied

## Completed

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