

Welcome! The Office of Workers' Compensation Programs is committed to improving our services. We would appreciate if you would answer a short but voluntary survey to let us know how well we assisted you. This survey should take no more than 3 to 5 minutes to complete. The intent of the survey is to get your opinion of the quality of service you received from our staff. Please do not respond on the basis of your satisfaction with the outcome of a claim. All questions are multiple choice, and you may press the appropriate key at any time after hearing the question. The Office of Management and Budget has approved this survey under control number 1225-0088 for use through XX/XX/XXXX. A Federal agency cannot conduct a survey without such approval.

1. On a scale of one to five, with one being very dissatisfied and five being very satisfied, how satisfied were you with the timeliness of the response provided to you today?
 1. Very dissatisfied
 2. Somewhat dissatisfied
 3. Neither satisfied or dissatisfied
 4. Somewhat satisfied
 5. Very satisfied

2. On a scale of one to five, with one being very dissatisfied and five being very satisfied, how satisfied were you with the courteousness of the individual who assisted you today?
 1. Very dissatisfied
 2. Somewhat dissatisfied
 3. Neither satisfied or dissatisfied
 4. Somewhat satisfied
 5. Very satisfied

3. On a scale of one to five, with one being very dissatisfied and five being very satisfied, how satisfied were you with the professionalism of the individual who assisted you today?
 1. Very dissatisfied
 2. Somewhat dissatisfied
 3. Neither satisfied or dissatisfied
 4. Somewhat satisfied
 5. Very satisfied

4. On a scale of one to five, with one being very dissatisfied and five being very satisfied, how satisfied were you with the knowledge of the individual who assisted you today?
 1. Very dissatisfied
 2. Somewhat dissatisfied
 3. Neither satisfied or dissatisfied
 4. Somewhat satisfied
 5. Very satisfied\

5. If you have filed a claim please indicate the current status of your claim.
 1. Approved
 2. Denied

3. No Decision
4. Not applicable
5. Don't know

Thank you very much for your help in making the Office of Workers' Compensation Programs serve you better. If you have specific comments about how we might improve this survey or our service, please call the office you have just contacted. Have a nice day.