## Office of Workers' Compensation Programs Customer Satisfaction Survey

#### 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 fourteen questions with optional drill down questions from each of the four programs. Your responses should take no more than 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 and reference the OMB Control Number 1225-0059. Note: Please do not return the completed survey application to this address.

### **Program Contacted**

### \*Which benefit program did you most recently contact?

- C Federal Employees' Compensation
- Black Lung Benefits
- C 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?

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

## Office Locations

### **Method of Contact**

	s' Compensation Programs Customer Satisfaction Survey
How did you conta	ct this office?
C In writing	
C By phone	
Timeliness	
Overall, how satisf	ied were you with the timeliness of the response provided to you?
C Very satisfied	
Somewhat satisfied	
C Neutral	
C Somewhat dissatisfied	
C Very dissatisfied	
Please add any additional co	mments.
Return Call	
From the date of yo	our telephone contact with the office, how many business days did it
take to receive a re	turn call?
C Same day	
One day	
C Two days	
C Three days	
C Four to six days	
More than six days	
Rating About the	Individual That Assisted You

Office of Workers' Compensation Programs Customer Satisfaction Survey
How well does the term "Professional" describe the individual who assisted you?
© Excellent
© Good
C Fair
© Poor
Please add any additional comments.
Rating About the Individual That Assisted You (continued)
How well does the term "Courteous" describe the individual who assisted you?
© Excellent
C Good
C Fair
O Poor
Please add any additional comments.
Knowledge
Do you agree or disagree? The individual who assisted you was knowledgeable about the subject matter.
C Strongly Agree
O Agree
C Neutral
O Disagree
O Strongly disagree
Please add any additional comments.
Service Provided
- OCIVIOC I TOVIUCU

Wa	s the service provided to you helpful in:
a) <i>A</i>	Answering your question/issue?
0	Strongly Agree
0	Agree
0	Neutral
0	Disagree
0	Strongly Disagree
Plea	se add any additional comments.
	v
Ans	wering your question/issue (continued)
you	ne service provided did not answer your question/issue, were you given a date when a could expect an answer?  Yes No
you o	Yes
you o Ser	Yes No
you o Ser Wa	Yes No  Vice Provided (continued)
you o Ser Wa	Yes No vice Provided (continued) s the service provided to you helpful in:
you o Ser Wa b) (	Yes No  vice Provided (continued) s the service provided to you helpful in: Clarifying your issue?
you o Ser Wa b) (o	Yes No  vice Provided (continued) s the service provided to you helpful in:  Clarifying your issue?  Strongly Agree
you o Ser Wa b) (o o	Yes No  vice Provided (continued)  s the service provided to you helpful in:  Clarifying your issue?  Strongly Agree  Agree
you Ser Wa b) (	Yes No  vice Provided (continued)  s the service provided to you helpful in:  Clarifying your issue?  Strongly Agree Agree Neutral
you o Serr Wa b) (o o o o	Yes No  vice Provided (continued) s the service provided to you helpful in:  Clarifying your issue?  Strongly Agree Agree Neutral Disagree
you o Serr Wa b) (o o o o	Yes No  vice Provided (continued)  s the service provided to you helpful in:  Clarifying your issue?  Strongly Agree Agree Neutral Disagree Strongly Disagree

# Office of Workers' Compensation Programs Customer Satisfaction Survey Was the service provided to you helpful in: c) Explaining next steps in the process? Strongly Agree Agree O Neutral O Disagree Strongly Disagree Please add any additional comments. Was the service provided to you helpful in: d) Suggesting alternatives? Strongly Agree Agree O Neutral Disagree Strongly Disagree Please add any additional comments.

Office of Workers' Compensation Programs Customer Satisfaction Survey
Was the service provided to you helpful in:
e) Clearly explaining the potential delays in resolving the issues at a more formal level?
C Strongly Agree
C Agree
O Neutral
O Disagree
Strongly Disagree
Please add any additional comments.
Overall Satisfaction
Overall, how satisfied were you with the service provided to you?
C Very satisfied
○ Somewhat satisfied
C Neutral
C Somewhat dissatisfied
C 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?
C Yes
O No
FECA Role Connection

Office of Workers' Compensation Programs	Customer Satisfaction Survey
What is your role in connection to the FECA program	?
C Claimant	
C Employer	
C Injury/Compensation Specialist/Treatment Provider	
FECA Question/Issue	
Please indicate, in general terms, what your question	/issue was about?
C Acceptance/Denial	
C Compensation Payments	
O Bill Payment	
Medical Authorization	
FECA Benefit	
Has this office ever denied you a benefit?	
O Yes	
C No	
FECA Denied Benefit	
Was your contact about a denied benefit?	
O Yes	
○ No	
Black Lung Benefits	
Which Office within Black Lung Benefits did you mos	t recently contact?
Office Please select one of the	Locations
choices in the drop down box on the right.	<u>.</u>
Black Lung Benefits: Method of Contact	

Office of Workers' Compensation Prog	grams Customer Satisfaction Survey
How did you contact this office?	
C In writing	
O By phone	
Black Lung Benefits: Timeliness	
Overall, how satisfied were you with the time	eliness of the response provided to you?
O Very satisfied	
O Somewhat satisfied	
O Neutral	
O Somewhat dissatisfied	
O Very dissatisfied	
Please add any additional comments	
	<u> </u>
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?	
C Same day	
One day	
○ Two days	
C Three days	
C Four to six days	
More than six days	
Black Lung Benefits: Rating About the I	ndividual That Assisted You

	sation Programs Customer Satisfaction Survey
	sional" describe the individual who assisted you?
C Excellent	
○ Good	
C Poor	
Please add any additional comments.	
Black Lung Benefits: Rating A	About the Individual That Assisted You (continu
How well does the term "Courted	ous" describe the individual who assisted you?
C Excellent	
C Good	
C Fair	
C Poor	
Please add any additional comments.	
Black Lung Benefits: Knowle	dge
Do you agree or disagree? The in subject matter.	ndividual who assisted you was knowledgeable about the
C Strongly Agree	
C Agree	
C Neutral	
O Disagree	
C Strongly disagree	
Please add any additional comments	
	_
	V
Block Lung Popolitor Service	Provided
Black Lung Benefits: Service	Provided

Was	of Workers' Compensation Programs Customer Satisfaction Survey the service provided to you helpful in:
a) A	swering your question/issue?
0 :	trongly Agree
0 ,	gree
	leutral
	olisagree Control of the Control of
	trongly Disagree
Pleas	add any additional comments.
	<b>-</b>
	<u> </u>
Blac	k Lung Benefits: Answering your question/issue (continued)
you O	could expect an answer?
0	
© o	res lo
© N	k Lung Benefits: Service Provided (continued)
Blac Was	k Lung Benefits: Service Provided (continued) the service provided to you helpful in:
Blac Was	k Lung Benefits: Service Provided (continued) the service provided to you helpful in: arifying your issue?
Blac Was	k Lung Benefits: Service Provided (continued) the service provided to you helpful in: arifying your issue?
Blac Was	k Lung Benefits: Service Provided (continued)  the service provided to you helpful in:  arifying your issue?  trongly Agree  gree
Blac Was	k Lung Benefits: Service Provided (continued)  the service provided to you helpful in:  arifying your issue?  trongly Agree  gree leutral
Blac Was	k Lung Benefits: Service Provided (continued)  the service provided to you helpful in:  arifying your issue?  trongly Agree  gree leutral
Blac Was	k Lung Benefits: Service Provided (continued)  the service provided to you helpful in:  arifying your issue?  trongly Agree leutral disagree  trongly Disagree

# Office of Workers' Compensation Programs Customer Satisfaction Survey Was the service provided to you helpful in: c) Explaining next steps in the process? Strongly Agree Agree O Neutral O Disagree Strongly Disagree Please add any additional comments. Was the service provided to you helpful in: d) Suggesting alternatives? Strongly Agree Agree O Neutral Disagree Strongly Disagree Please add any additional comments.

Office of Workers' Compensation Programs Customer Satisfaction Survey
Was the service provided to you helpful in:
e) Clearly explaining the potential delays in resolving the issues at a more formal level?
Strongly Agree
C Agree
C Neutral
O Disagree
○ Strongly Disagree
Please add any additional comments.
Black Lung Benefits: Overall Satisfaction
Overall, how satisfied were you with the service provided to you?
C Very satisfied
○ Somewhat satisfied
O Neutral
Somewhat dissatisfied
C 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?
O Yes
○ No
Black Lung Benefits: Final Question

Office of Workers' Compensa	tion Programs Customer Satisfaction Survey
•	ne of your claim, was the staff member able to
meaningfully respond to your ques	stion(s)?
C Yes	
C No	
If not, please explain.	
Longshore and Harbor Workers	s' Compensation
	f Longshore and Harbor Workers' Compensation did
you most recently contact?	Office Locations
Please select one of the	Office Locations
choices in the drop down box on the right.	
Longshore Informal Conferenc	е
Did you recently participate in an I	nformal Conference at the Longshore District Office?
O Yes	mormal conference at the Longshore District Cince.
O No	
V NO	
<b>Longshore Attend Conference</b>	
How did you attend the Informal Co	onference?
O In person	
C By phone	
O By video conference	
C Did not attend	
Longshore: Method of Contact	

Offi	ce of Workers' Compensation Programs Customer Satisfaction Survey
Ho	ow did you contact this office?
С	In writing
C	By phone
Lo	ngshore: Timeliness
Ov	rerall, how satisfied were you with the timeliness of the response provided to you?
C	Very satisfied
С	Somewhat satisfied
С	Neutral
C	Somewhat dissatisfied
C	Very dissatisfied
Ple	ase add any additional comments
	ngshore: Return Call
	om the date of your telephone contact with the office, how many business days did it ke to receive a return call?
C	
C	One day
C	Two days
C	Three days
C	Four to six days
C	More than six days
Lo	ngshore: Rating About the Individual That Assisted You

Office of Workers' Compensation Programs Customer Satisfaction Survey
How well does the term "Professional" describe the individual who assisted you?
C Excellent
© Good
○ Fair
© Poor
Please add any additional comments.
Longshore: Rating About the Individual That Assisted You (continued)
How well does the term "Courteous" describe the individual who assisted you?
C Excellent
© Good
○ Fair
© Poor
Please add any additional comments.
Longshore: Knowledge
Do you agree or disagree? The individual who assisted you was knowledgeable about the subject matter.
C Strongly Agree
○ Agree
C Neutral
O Disagree
Strongly disagree
Please add any additional comments
Longshore: Service Provided

Wa	s the service provided to you helpful in:
a) <i>i</i>	Answering your question/issue?
0	Strongly Agree
0	Agree
0	Neutral
0	Disagree
0	Strongly Disagree
Ple	ase add any additional comments.
Lor	ngshore: Answering your question/issue (continued)
yo	he service provided did not answer your question/issue, were you given a date when u could expect an answer?
yo o	u could expect an answer?
you o	yes No
yo o Lor Wa	Yes No  ngshore: Service Provided (continued)
yo o Lor Wa	yes No  ngshore: Service Provided (continued)  sthe service provided to you helpful in:
yor o	yes No  ngshore: Service Provided (continued)  is the service provided to you helpful in:  Clarifying your issue?
yor  C  Lor  Wa  b)	yes No  ngshore: Service Provided (continued)  as the service provided to you helpful in:  Clarifying your issue?  Strongly Agree
yor  C  Lor  Wa  b)	ves No  ngshore: Service Provided (continued)  sthe service provided to you helpful in:  Clarifying your issue?  Strongly Agree  Agree
you contain the second of the	yes No  Ingshore: Service Provided (continued)  Is the service provided to you helpful in:  Clarifying your issue?  Strongly Agree Agree Neutral
you contain the second of the	ves No  ngshore: Service Provided (continued)  as the service provided to you helpful in:  Clarifying your issue?  Strongly Agree  Agree  Neutral  Disagree
you contain the second of the	u could expect an answer?  Yes No  Ingshore: Service Provided (continued)  Is the service provided to you helpful in:  Clarifying your issue?  Strongly Agree  Agree  Neutral  Disagree  Strongly Disagree

# Office of Workers' Compensation Programs Customer Satisfaction Survey Was the service provided to you helpful in: c) Explaining next steps in the process? Strongly Agree Agree O Neutral O Disagree Strongly Disagree Please add any additional comments. Was the service provided to you helpful in: d) Suggesting alternatives? Strongly Agree Agree O Neutral Disagree Strongly Disagree Please add any additional comments.

Office of Workers' Compensation Programs Customer Sat	sfaction Survey
Was the service provided to you helpful in:	
e) Clearly explaining the potential delays in resolving the issues at a m	ore formal level?
C Strongly Agree	
O Agree	
O Neutral	
O Disagree	
C Strongly Disagree	
Please add any additional comments.	
Longshore: Overall Satisfaction	
Overall, how satisfied were you with the service provided to you?	
O Very satisfied	
Somewhat satisfied	
O Neutral	
Somewhat dissatisfied	
C Very dissatisfied	
Please add any additional comments.	
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Informal/Mediation Timeliness	

			orke															
The			al Con	terend	ce/Me	diatio	on I p	artic	ıpate	ed in	was	sche	auled	and	neld	ın a	time	ly
0	Stro	ongly Ag	ree															
0	Agr	ree																
0	Neı	utral																
0	Dis	sagree																
0	Stro	ongly Dis	agree															
Plea	se a	add any a	dditional	comment	ts.													
								<u></u>										
My I	Pro	epar	ednes	SS														
			onfere					eve I	nad a	dequ	uate	time	to ga	ther	and	prep	are	
info			in su	pport	of my	posi	tion.											
0		ongly Ag	ree															
0	Agr	ree																
0	Ne	utral																
0		sagree																
0	Stro	ongly Dis	agree															
Plea	se a	add any a	dditional	comment	ts.													
								_										
								7										
Dod	Hro	000	of oth		v4i o o													
Reu		ess (	of oth	er pa	rties													

Office of Worker	s' Compensa	ation Progr	ams Custom	ner Satisfac	ction Survey
For THIS Conferen	ce/Mediation, tl	ne other parti	es involved wit	h this session	were prepared
to discuss options	and authorized	to make the	appropriate lev	el of decision	is to resolve
this dispute.					
C Strongly Agree					
C Agree					
Neutral					
C Disagree					
C Strongly Disagree					
Please add additional comm	ients.				
		<b>A</b>			
		<b>V</b>			
Skillfulness and	Ability of the	Claims Exa	miner		
For THIS Conferen		ne Claims Exa	aminer or Distri	ct Director wa	is helpful in
assisting the parti	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Clarifying Issues	©	O	O	O	©
Suggesting Alternative Solutions	O	0	0	0	0
Communication	0	O	0	0	O
Recommending a likely outcome based on facts of the case so far	O	O	O	0	0
Clearly explaining the next steps to the process	О	C	С	О	О
Clearly explaining the potential delays in resolving the issues at a more formal level	O	0	O	O	0
Overall Dispute I	Resolution				

Office of Workers' Compensation	<b>Programs Custom</b>	ner Satisfaction Survey
Overall, I believe the OWCP Informal Dis dispute issues on this claim.	spute Resolution proce	ess is helpful in resolving the
C Strongly Agree		
O Agree		
○ Neutral		
C Disagree		
C Strongly Disagree		
Please add any additional comments.		
	~	
Energy Employees Occupational II	Iness Compensatior	1
Which Office within the Division of Eneroldid you most recently contact?	rgy Employees Occupa	tional 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.	V	
Energy: Method of Contact		
How did you contact this office?		
O In writing		
C By phone		
Energy: Timeliness		

Office of Workers' Compensation Programs Customer Satisfaction Survey
Overall, how satisfied were you with the timeliness of the response provided to you?
C Very satisfied
C Somewhat satisfied
O Neutral
○ Somewhat dissatisfied
C 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?
C Same day
One day
C Two days
○ Three days
C Four to six days
○ More than six days
Energy: Rating About the Individual That Assisted You
How well doesthe term "Professional" describe the individual who assisted you?
© Excellent
○ Good
○ Fair
O Poor
Please add any additional comments.
Energy: Rating About the Individual That Assisted You (continued)

Office of Workers' Compensation Programs Customer Satisfaction Surv	ey
How well does the term "Courteous" describe the individual who assisted you?	
C Excellent	
© Good	
C Fair	
© Poor	
Please add any additional comments.	
Energy: Knowledge	
Do you agree or disagree? The individual who assisted you was knowledgeable about	the
subject matter.	
C Strongly Agree	
C Agree	
O Neutral	
O Disagree	
C Strongly disagree	
Please add any additional comments	
lacksquare	
Energy: Service Provided	

Wa	s the service provided to you helpful in:
a) A	Inswering your question/issue?
0	Strongly Agree
0	Agree
0	Neutral
0	Disagree
0	Strongly Disagree
Plea	se add any additional comments.
	v ·
Ene	rgy: Answering your question/issue (continued)
you	ne service provided did not answer your question/issue, were you given a date when could expect an answer?  Yes No
you o	could expect an answer?  Yes
you c c	could expect an answer?  Yes  No
you o Ene Wa	rgy: Service Provided (continued)
you o Ene Wa	rgy: Service Provided (continued) s the service provided to you helpful in:
you c Ene Waa b) (	rgy: Service Provided (continued) s the service provided to you helpful in: Clarifying your issue?
you o Ene Was b) (	rgy: Service Provided (continued) s the service provided to you helpful in: Clarifying your issue? Strongly Agree
you o Ene Was b) (o o	rgy: Service Provided (continued)  s the service provided to you helpful in:  Clarifying your issue?  Strongly Agree  Agree
you c c Ene Wat b) (c c	rgy: Service Provided (continued)  s the service provided to you helpful in:  Clarifying your issue?  Strongly Agree  Agree  Neutral
you c c Ene Wat b) (c c c	rgy: Service Provided (continued) s the service provided to you helpful in: Clarifying your issue? Strongly Agree Agree Neutral Disagree
you o c Ene Was b) (o o o	Yes No  rgy: Service Provided (continued)  s the service provided to you helpful in:  Clarifying your issue?  Strongly Agree Agree Neutral Disagree Strongly Disagree

;) E		ation Programs Customer Satisfaction Surve
,	Explaining next steps in the pro	cess?
0	Strongly Agree	
0	Agree	
0	Neutral	
0	Disagree	
0	Strongly Disagree	
Plea	ase add any additional comments.	
		A ▼
_	Suggesting alternatives?	
0	Strongly Agree	
0	Agree	
0	Neutral	
0	Disagree	
0	Strongly Disagree	
Plea	ase add any additional comments.	
		_
		<b>v</b>
e) C	Clearly explaining the potential	delays in resolving the issues at a more formal level?
0	Strongly Agree	
0	Agree	
0	Neutral	
0	Disagree	
0	Strongly Disagree	
Plea	ase add any additional comments.	
		A
		w I

UV	well beneated a new with the comics would be to the
	erall, how satisfied were you with the service provided to you?
0	Very satisfied
0	Somewhat satisfied
0	Neutral
0	Somewhat dissatisfied
0	Very dissatisfied
Plea	se add any additional comments.
Ene	ergy - Optional Additional Questions
	uld you be willing to answer several additional questions specific to the Energy ployees' Occupational Compensation Program?
0	Yes
0	Yes No
0	
o Ene	No
o Ene	rgy: Additional Questions
© Ene Did	orgy: Additional Questions  you contact the office to ask a question or resolve an issue?
Did	orgy: Additional Questions  you contact the office to ask a question or resolve an issue?  Ask a question
Did	rgy: Additional Questions  you contact the office to ask a question or resolve an issue?  Ask a question  Resolve an issue
Did	rgy: Additional Questions  you contact the office to ask a question or resolve an issue?  Ask a question  Resolve an issue  you get the question or issue resolved?
Did  Did  O	rgy: Additional Questions  you contact the office to ask a question or resolve an issue?  Ask a question  Resolve an issue  you get the question or issue resolved?  Yes
Did  Did  O	rgy: Additional Questions  you contact the office to ask a question or resolve an issue?  Ask a question  Resolve an issue  you get the question or issue resolved?  Yes  No
Did  Did  Ple	rgy: Additional Questions  you contact the office to ask a question or resolve an issue?  Ask a question  Resolve an issue  you get the question or issue resolved?  Yes  No  ase indicate, in general terms, what your question/issue was about.
Did O Did O Ple	rgy: Additional Questions  you contact the office to ask a question or resolve an issue?  Ask a question  Resolve an issue  you get the question or issue resolved?  Yes  No  ase indicate, in general terms, what your question/issue was about.  Acceptance/Denial
Did O Did O Ple	rgy: Additional Questions  you contact the office to ask a question or resolve an issue?  Ask a question  Resolve an issue  you get the question or issue resolved?  Yes  No  ase indicate, in general terms, what your question/issue was about.  Acceptance/Denial  Compensation Payments

Office of Workers' Compensation Programs Customer Satisfaction Survey
Have you been issued a decision on an existing case?
○ Yes
O No
Enery: Acceptance/Denial
Was the decision accepted or denied?
○ Accepted
O Denied
Completed
Thank you for your feedback! Your responses will help us improve service to our claimants and other stakeholders.