

DATE

Dear _____:

I have enclosed a questionnaire for the American Work Injury Study. This brief survey is being conducted by ICF on behalf of the U.S. Department of Labor, Bureau of Labor Statistics (BLS). This information will help us better understand workplace injury and illnesses. This survey is being collected under OMB number 1220-0045.

You were selected for this voluntary survey because your telephone number was chosen randomly to represent the American Worker. Your experiences are important to us! It should only take you about 5-10 minutes to complete the questionnaire.

Please complete this questionnaire and return it to ICF in one week using enclosed postage-paid envelope. Your identity and your information will be kept confidential.

The Bureau of Labor Statistics, its employees, agents, and partner statistical agencies, will use the information you provide for statistical purposes only and will hold the information in confidence to the full extent permitted by law. In accordance with the Confidential Information Protection and Statistical Efficiency Act of 2002 (Title 5 of Public Law 107-347) and other applicable Federal laws, your responses will not be disclosed in identifiable form without your informed consent. Per the Cybersecurity Enhancement Act of 2015, Federal Information systems are protected from malicious activities through cybersecurity screening of transmitted data.

If you have any questions, please contact us at WorkInjuryStudy@icfsurveysupport.com or toll-free at 1-844-xxx-xxxx.

Thank you very much for participating in this important study.

Sincerely,

Pat Vanderwolf, ICF Project Manager