

**Request for Approval under the "Generic Clearance for Improving  
Customer Experience: OMB Circular A-11, Section 280  
Implementation"  
(OMB Control Number: 1218-0276)**

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**TITLE OF INFORMATION COLLECTION:** Paper Survey for Soliciting Feedback for Division of Energy Employees Occupational Illness Compensation (DEEOIC)

**PURPOSE OF COLLECTION:** Paper survey designed to gather feedback from claimants under the Energy Employees Occupational Illness Compensation Program Act. Soliciting feedback on what the program does well, if there are any areas for improvement, and an overall idea of how well we serve our stakeholders in this area. We will use the information to improve our claimants' experiences and identify potential areas for improvement and/or training. Additionally, the survey includes an equity assessment that will provide information on program accessibility and inclusion. We will report the findings of our survey on the Performance.gov website.

**TYPE OF ACTIVITY:** (Check one)

- Customer Research (Interview, Focus Groups)
- Customer Feedback Survey
- User Testing

**ACTIVITY DETAILS**

1. How will you collect the information? (Check all that apply)

- Web-based or other forms of Social Media
- Telephone
- In-person
- Mail
- Other, Explain

2. Who will you collect the information from?

DEEOIC will collect information from claimants who have recently received an initial development letter from DEEOIC.

3. How will you ask a respondent to provide this information?

DEEOIC will send surveys via U.S. mail and will include a postage-paid return envelope.

4. What will the activity look like?

The mailed package will include a cover letter explaining the

purpose of the collection, and a survey with 11 questions and a comment box. Nine of the questions include a 1-5 Likert scale response, one includes check-boxes, and one is open-ended. We will also ask respondents if they'd like to be contacted by the Customer Experience team and if so, to provide their contact information.

5. Please provide your question list.

*1. The process leading up to receiving my Development Letter increased my trust in the Division of Energy Employees Occupational Illness Compensation (DEEOIC).*

- Strongly agree (5)*
- Agree (4)*
- Neutral (3)*
- Disagree (2)*
- Strongly disagree (1)*

*2. I am satisfied with the service I received from DEEOIC.*

- Strongly agree (5)*
- Agree (4)*
- Neutral (3)*
- Disagree (2)*
- Strongly disagree (1)*

*3. The claims process is moving at a reasonable pace.*

- Strongly agree (5)*
- Agree (4)*
- Neutral (3)*
- Disagree (2)*
- Strongly disagree (1)*

4. *I understood what was being asked of me throughout the process.*

- *Strongly agree (5)*
- *Agree (4)*
- *Neutral (3)*
- *Disagree (2)*
- *Strongly disagree (1)*

5. *My questions have been answered throughout the process.*

- *Strongly agree (5)*
- *Agree (4)*
- *Neutral (3)*
- *Disagree (2)*
- *Strongly disagree (1)*

6. *It was easy to complete what I needed to do to receive a Development Letter.*

- *Strongly agree (5)*
- *Agree (4)*
- *Neutral (3)*
- *Disagree (2)*
- *Strongly disagree (1)*

7. *The employees I interacted with were helpful.*

- *Strongly agree (5)*
- *Agree (4)*

- *Neutral (3)*
- *Disagree (2)*
- *Strongly disagree (1)*

*8. In your interactions with DEEOIC, have you experienced difficulties because of your:*

- *Ability or disability status*
- *Racial or ethnic identity*
- *Age*
- *Sex/Gender Identity*
- *Veteran Status*
- *Religion*
- *Social class*
- *Geographic location (rural/remote)*
- *Other*

*9. I feel comfortable talking with DEEOIC representatives about the unique issues I face.*

- *Strongly agree (5)*
- *Agree (4)*
- *Neutral (3)*
- *Disagree (2)*
- *Strongly disagree (1)*

*10. I was treated with respect by DEEOIC representatives.*

- *Strongly agree (5)*
- *Agree (4)*
- *Neutral (3)*
- *Disagree (2)*
- *Strongly disagree (1)*

*11. What do you think DEEOIC could do better to deliver more equitable services? (open-ended response)*

Please make sure that all instruments, instructions, and scripts are submitted with the request.

Script/prompt language attached.

6. When will the activity happen?

DEEOIC will send surveys to claimants during the 1<sup>st</sup> quarter of FY 2022.

7. Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants?

Yes  No

**BURDEN HOURS**

Category of Respondent	No. of Respondents	Participation Time	Burden Hours
Claimants	2,000	5 minutes	167
<b>Totals</b>			<b>167</b>

**CERTIFICATION:**

I certify the following to be true:

1. The collections are voluntary;
2. The collections are low-burden for respondents (based on considerations of total burden hours or burden-hours per respondent) and are low-cost for both the respondents and the Federal Government;
3. The collections are non-controversial and do not raise issues of concern to other Federal agencies;
4. Any collection is targeted to the solicitation of opinions from respondents who have experience with the program or may have experience with the program in the near future;
5. Personally identifiable information (PII) is collected only to the extent necessary and is not retained;
6. Information gathered is intended to be used for general service improvement and program management purposes
7. Upon agreement between OMB and the agency aggregated data may be released as part of A-11, Section 280 requirements only on performance.gov. Summaries of customer research and user testing activities may be included in public-facing customer journey maps.
8. Additional release of data will be coordinated with OMB.

**All instruments used to collect information must include:**

**OMB Control No. 1218-0276**

**Expiration Date: 02/29/2024**