

**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:** Phone Survey for Soliciting Feedback for DEEOIC

**PURPOSE OF COLLECTION:**

Revised phone survey adding an additional question to the existing phone survey that was approved in October 2021. Survey is designed to gather feedback from stakeholders that contact the Energy Employees Occupational Illness Compensation Program via telephone. Soliciting feedback on type of benefit/purpose of the call, what the program does well during a phone interaction, if there are any areas for improvement, and an overall idea of how well we serve our stakeholders. We use the phone survey information to improve our claimants' experiences and identify potential areas for improvement and/or training. Additionally, data is reported 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?

Information is collected from claimants, authorized representatives, and others who call any of our public phone numbers. Callers are given the option to opt in and participate in this optional survey.

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

All callers receive the option to participate in the survey upon calling any of our public phone numbers. Survey is automated and participants rating answers to prompted questions.

4. What will the activity look like?

After speaking to a representative, participants that have opted into the survey will receive the prompts for the questions. The automated survey contains 8 questions. The first question relates to the purpose of the call and offers two options. The remaining 7 questions are rated from 1-5.

5. Please provide your question list.

*1. If your call was regarding medical billing or benefits, press 1. For all other, press 2.*

*· Medical billing or benefits (1)*

*· All other (2)*

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

*· Strongly agree (1)*

*· Agree (2)*

*· Neutral (3)*

*· Disagree (4)*

*· Strongly disagree (5)*

*3. This interaction increased my trust in DEEOIC.*

*· Strongly agree (1)*

*· Agree (2)*

*· Neutral (3)*

*· Disagree (4)*

*· Strongly disagree (5)*

*4. My need was addressed.*

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

5. *It was easy to get my questions answered or my needs met.*

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

6. *This call took a reasonable amount of time to complete.*

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

7. *I was treated fairly.*

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

- *Strongly disagree (5)*

8. *The representative was committed to solving my problem.*

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

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

Script/prompt language attached.

6. When will the activity happen?

Ongoing activity. Plan to use these revised survey questions until we determine a need to change them. Will update in the phone system upon approval from OMB.

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 |
|------------------------|--------------------|--------------------|--------------|
| Individual Callers     | 5,000              | 4 minutes          | 333          |
| <b>Totals</b>          |                    |                    | <b>333</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.

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**All instruments used to collect information must include:  
OMB Control No. 1218-0276  
Expiration Date: 06/30/2024**