

**Request for Approval under the "Generic Clearance for Improving  
Customer Experience: OMB Circular A-11, Section 280  
Implementation"  
(OMB Control Number: 1225-0093)**

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**TITLE OF INFORMATION COLLECTION:** Paper Survey for Soliciting Feedback for OWCP Division of Energy Employees Occupational Illness Compensation (DEEOIC) from Resource Center Customers.

**PURPOSE OF COLLECTION:** Paper survey designed to gather feedback from customers under the Energy Employees Occupational Illness Compensation Program Act (EEOICPA). DEEOIC has 11 Resource Centers throughout the country and this survey will be offered to customers who make an in-person visit to a center. We will report the results 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?

Customers who visit Resource Centers in-person.

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

Respondents will be offered the opportunity to fill out a paper survey following their in-person visit. They may submit the survey on site. In rare cases where the respondent does not want to turn the survey in on-site, they will be offered a postage paid envelope that they can choose to mail directly to the DEEOIC National Office.

4. What will the activity look like?

Respondents will be offered a 1-page paper survey to fill out. The survey contains 11 questions, 2 of which are multiple choice, 7 of which are a 1-5 response, 1 yes/no, and 1 open-response.

5. Please provide your question list.

1. Which Resource Center did you visit today?

- (check box) California, Denver, Espanola, Hanford, Idaho, las Vegas, New York, Oak Ridge, Paducah, Portsmouth, Savannah River

2. Please indicate the reason for your visit today:

- Filing a claim, Completing an Occupational History Questionnaire interview, Status of your claim, Submitting documents, Medical bill payment assistance, General program information, other

3. I am satisfied with the service I received at the Resource Center today.

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

4. This interaction increased my trust in DEEOIC.

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

5. My need was addressed at the Resource Center today.

- *Strongly agree (5)*
- *Agree (4)*
- *Neutral (3)*

- *Disagree (2)*
- *Strongly disagree (1)*
- *N/A*

6. It was easy to complete what I needed to do at the Resource Center today.

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

7. My Resource Center visit took a reasonable amount of time.

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

8. I was treated fairly today.

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

9. Employees I interacted with today were helpful.

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

10. If your questions/issues were not resolved, did the employee provide a date when you could expect a follow-up contact?

- *Yes*
- *No*
- *N/A*

11. Additional Feedback: (open-response)

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

Survey language attached.

6. When will the activity happen?

Surveys will be distributed continuously as customers visit Resource Centers.

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
Customers / Resource Center Visitors	1500	5 minutes	125
<b>Totals</b>			<b>125</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.

**Name: Joshua Novack**

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

**OMB Control No. 1225-0093**

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