

U.S. Department of Labor

Office of Workers' Compensation Programs
Division of Energy Employees Occupational
Illness Compensation
Washington, D.C. 20210



Dear Claimant,

Our records indicate that you recently received a Final Decision on your Part E (Wage Loss/Impairment) Lump-Sum Compensation claim from the Division of Energy Employees Occupational Illness Compensation (DEEOIC). We are very interested in receiving feedback on your experience with DEEOIC. Your participation in the enclosed Customer Experience Survey will help us improve the claimant/customer experience. We appreciate your assistance in helping us determine what is working and what may be improved. The following survey is confidential. Please return this survey using the enclosed postage paid envelope by XX/XX/2023.

Thank you for your participation.

Stakeholder Engagement
Branch of Outreach and Technical Assistance
Division of Energy Employees Occupational Illness Compensation



CUSTOMER EXPERIENCE SURVEY

Please agree or disagree with the following statements by circling a numerical response:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
I am satisfied with the service I received from Division of Energy Employees Occupational Illness Compensation (DEEOIC).	5	4	3	2	1	n/a
The process leading up to receiving a final decision on my Wage Loss/Impairment claim increased my trust in the DEEOIC.	5	4	3	2	1	n/a
I have been able to get my questions answered.	5	4	3	2	1	n/a
It was easy to complete what I needed to do to receive a final decision on my Wage Loss/Impairment claim.	5	4	3	2	1	n/a
It took a reasonable amount of time to receive a final decision on my Wage Loss/Impairment claim.	5	4	3	2	1	n/a
I understood what was being asked of me throughout the process.	5	4	3	2	1	n/a
The employees I interacted with were helpful.	5	4	3	2	1	n/a

When considering your claim experience from start to finish, please list or describe the “pain points” and “bright spots” of your experience.

Pain Point: *An interaction or step in the process that caused a problem, frustration, or resulted in a negative experience.*

Bright Spot: *An interaction or step in the process that went smoothly, or resulted in a positive experience.*

Pain Points:

Bright Spots:

Do you have additional feedback related to your experience filing a Wage Loss/Impairment claim?

Would you like to speak on the telephone with our Customer Experience Team regarding your experience filing your Wage Loss/Impairment claim? Yes No

If yes, please provide your name and telephone number:

Name: _____

Phone: _____



EQUITY ASSESSMENT

We strive to best serve all our customers, including racial and ethnic minorities, persons with disabilities, the LGBTQ+ community, rural communities, and other underserved populations. Thus, OWCP/DEEOIC is committed to finding ways to focus on equity for all, including people who have been historically marginalized or adversely affected by inequality.

Advancing equity in our program means recognizing that different people have different circumstances. Some people face conditions and circumstances that make it more difficult to achieve the same goals. We want to know if you feel like your own personal circumstances have made it difficult for you to navigate this program.

By completing this equity assessment, you will help us to identify and remove barriers in accessing benefits available from OWCP/DEEOIC, so that we can ensure equitable access to program services and benefits.

Keeping the above information in mind, please indicate if you've experienced challenges with our program because of your:

Ability or disability status	<input type="checkbox"/>
Racial or ethnic identity	<input type="checkbox"/>
Age	<input type="checkbox"/>
Sex/Gender identity	<input type="checkbox"/>
Sexual orientation	<input type="checkbox"/>
Veteran status	<input type="checkbox"/>
Religion	<input type="checkbox"/>
Social class	<input type="checkbox"/>
Geographic location (rural/remote)	<input type="checkbox"/>
Other _____	<input type="checkbox"/>

Based on your selection(s) to the left, how can DEEOIC better address your specific needs?

Please agree or disagree with the following statements by circling a numerical response:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
I feel comfortable talking with DEEOIC representatives about the unique issues I face.	5	4	3	2	1	n/a
I am treated fairly by DEEOIC representatives.	5	4	3	2	1	n/a
I am able to find and access the correct information and tools from DEEOIC to achieve my goals.	5	4	3	2	1	n/a

The OMB control number for this collection is 1225-0093 and expires on 02/29/2024. According to the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless such collection displays a valid OMB control number. The obligation to respond to this collection is voluntary. We estimate it takes about 5 minutes to complete this collection of information, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing the collection of information. Please send comments regarding the burden estimate or any other aspect of this collection of information to the U.S. Department of Labor, DEEOIC, 200 Constitution Ave., NW, Room C-3510, Washington, D.C. 20210 and 1225-0093. **Note: Please do not return the completed form to this address.**