**OMB Control No: 1225-0088 OMB Expiration: 01/31/2024**

**Longshore Program**

**Prior to connecting to a Claims Examiner**

Would you be interested in taking our short nine question customer service survey? If so, please press 1 now and remain on the line after the call.

**Survey Introduction**

Thank you for agreeing to take our survey! This survey should take approximately four minutes to complete. Most questions are based on a 1 to 5 scale. 1 is strongly agree, 2 is agree, 3 is neutral, 4 is disagree, 5 is strongly disagree and you may press the appropriate key at any time after hearing the question. Please do not respond on the basis of your satisfaction with the outcome of a claim, but rather the customer service you received today. The Office of Management and Budget has approved this survey under control number 1225-0088 for use through XX/XX/XXXX. A Federal agency cannot conduct a survey without such approval. 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.

1. **If your call was to request an Intervention, press 1. For all other assistance, press 2.**
* Intervention Request
* All other assistance

**2. I am satisfied with the service I received from OWCP’s Longshore program.**

* Strongly agree
* Agree
* Neutral
* Disagree
* Strongly disagree

**3. This interaction increased my trust in OWCP’s Longshore program.**

* Strongly agree
* Agree
* Neutral
* Disagree
* Strongly disagree

**4. My need was addressed.**

* Strongly agree
* Agree
* Neutral
* Disagree
* Strongly disagree

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

* Strongly agree
* Agree
* Neutral
* Disagree
* Strongly disagree

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

* Strongly agree
* Agree
* Neutral
* Disagree
* Strongly disagree

**7. I was treated fairly.**

* Strongly agree
* Agree
* Neutral
* Disagree
* Strongly disagree

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

* Strongly agree
* Agree
* Neutral
* Disagree
* Strongly disagree

**9. During this call, I was treated compassionately.**

* Strongly agree
* Agree
* Neutral
* Disagree
* Strongly disagree

**Survey Closing**

Thank you very much for your help in making the Office of Workers’ Compensation Programs serve you better. If you have specific comments about how we might improve this survey or our service, please call the office you have just contacted. Have a nice day.

**OMB Control No: 1225-0088 OMB Expiration: 01/31/2024**

**FECA Program**

**Prior to connecting to a Claims Examiner**

Would you be interested in taking our short nine question customer service survey? If so, please press 1 now and remain on the line after the call.

**Survey Introduction**

Thank you for agreeing to take our survey! This survey should take approximately four minutes to complete. Most questions are based on a 1 to 5 scale. 1 is strongly agree, 2 is agree, 3 is neutral, 4 is disagree, 5 is strongly disagree and you may press the appropriate key at any time after hearing the question. Please do not respond on the basis of your satisfaction with the outcome of a claim, but rather the customer service you received today. The Office of Management and Budget has approved this survey under control number 1225-0088 for use through XX/XX/XXXX. A Federal agency cannot conduct a survey without such approval. 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.

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

**2. I am satisfied with the service I received from OWCP’s FECA program.**

* Strongly agree
* Agree
* Neutral
* Disagree
* Strongly disagree

**3. This interaction increased my trust in OWCP’s FECA program.**

* Strongly agree
* Agree
* Neutral
* Disagree
* Strongly disagree

**4. My need was addressed.**

* Strongly agree
* Agree
* Neutral
* Disagree
* Strongly disagree

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

* Strongly agree
* Agree
* Neutral
* Disagree
* Strongly disagree

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

* Strongly agree
* Agree
* Neutral
* Disagree
* Strongly disagree

**7. I was treated fairly.**

* Strongly agree
* Agree
* Neutral
* Disagree
* Strongly disagree

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

* Strongly agree
* Agree
* Neutral
* Disagree
* Strongly disagree

**9. During this call, I was treated compassionately.**

* Strongly agree
* Agree
* Neutral
* Disagree
* Strongly disagree

**Survey Closing**

Thank you very much for your help in making the Office of Workers’ Compensation Programs serve you better. If you have specific comments about how we might improve this survey or our service, please call the office you have just contacted. Have a nice day.

**OMB Control No: 1225-0088 OMB Expiration: 01/31/2024**

**Black Lung Program**

**Prior to connecting to a Claims Examiner**

Would you be interested in taking our short nine question customer service survey? If so, please press 1 now and remain on the line after the call.

**Survey Introduction**

Thank you for agreeing to take our survey! This survey should take approximately four minutes to complete. Most questions are based on a 1 to 5 scale. 1 is strongly agree, 2 is agree, 3 is neutral, 4 is disagree, 5 is strongly disagree and you may press the appropriate key at any time after hearing the question. All questions are multiple-choice, and you may press the appropriate key at any time after hearing the question. Please do not respond on the basis of your satisfaction with the outcome of a claim, but rather the customer service you received today. The Office of Management and Budget has approved this survey under control number 1225-0088 for use through XX/XX/XXXX. A Federal agency cannot conduct a survey without such approval. 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.

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

* Medical billing or benefits
* All other

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

* Strongly agree
* Agree
* Neutral
* Disagree
* Strongly disagree

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

* Strongly agree
* Agree
* Neutral
* Disagree
* Strongly disagree

**4. My need was addressed.**

* Strongly agree
* Agree
* Neutral
* Disagree
* Strongly disagree

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

* Strongly agree
* Agree
* Neutral
* Disagree
* Strongly disagree

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

* Strongly agree
* Agree
* Neutral
* Disagree
* Strongly disagree

**7. I was treated fairly.**

* Strongly agree
* Agree
* Neutral
* Disagree
* Strongly disagree

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

* Strongly agree
* Agree
* Neutral
* Disagree
* Strongly disagree

**9. During this call, I was treated compassionately.**

* Strongly agree
* Agree
* Neutral
* Disagree
* Strongly disagree

**Survey Closing**

Thank you very much for your help in making the Office of Workers’ Compensation Programs serve you better. If you have specific comments about how we might improve this survey or our service, please call the office you have just contacted. Have a nice day.

**OMB Control No: 1225-0088 OMB Expiration: 01/31/2024**

**Energy Program**

**[Note: The Energy program’s survey questions are approved under a different OMB control number (1225-0093) and will not expire until 2024. The program is adding one new question (see #9).]**

**Prior to connecting to a Resource Center employee**

Your feedback is important to us. Please press 1 to complete a customer experience survey following this call.

**Survey Introduction**

Thank you for agreeing to take our survey! Most questions are based on a 1 to 5 scale. 1 is strongly agree, 2 is agree, 3 is neutral, 4 is disagree, 5 is strongly disagree. Please do not respond on the basis of your satisfaction with the outcome of a claim, but rather the customer service you received today. The OMB control number for this collection is 1225-0088 and expires on January 31, 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. Collection of this information is authorized by OMB. The obligation to respond to this collection is voluntary. We estimate it takes about 4 minutes to complete.

**Energy Program**

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

* Medical billing or benefits
* All other

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

* Strongly agree
* Agree
* Neutral
* Disagree
* Strongly disagree

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

* Strongly agree
* Agree
* Neutral
* Disagree
* Strongly disagree

**4. My need was addressed.**

* Strongly agree
* Agree
* Neutral
* Disagree
* Strongly disagree

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

* Strongly agree
* Agree
* Neutral
* Disagree
* Strongly disagree

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

* Strongly agree
* Agree
* Neutral
* Disagree
* Strongly disagree

**7. I was treated fairly.**

* Strongly agree
* Agree
* Neutral
* Disagree
* Strongly disagree

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

* Strongly agree
* Agree
* Neutral
* Disagree
* Strongly disagree

**9. During this call, I was treated compassionately.**

* Strongly agree
* Agree
* Neutral
* Disagree
* Strongly disagree

**Survey Closing**

None.