An interaction or step in the process that caused a problem, frustration,

An interaction or step in the process that went smoothly, or resulted in a



CUSTOMER EXPERIENCE SURVEY

or resulted in a negative experience.

Your feedback is important to us. If you have experience with the DEEOIC program, please answer the prompts below. Your responses will be used to improve our customers' experiences and identify potential areas for improvement and/or training.

DEFINITIONS:

Pain Point:

Bright Spot:

| positive experience. | |
|---|--|
| Please describe pain points and bright spots related to: <i>Filing a claim.</i> | |
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| | |

Please describe pain points and bright spots related to: *The process leading to a*

with Claims Examiner, providing additional requested evidence, etc.).

decision on your claim (After filing and before receiving a decision. Things like: working

OMB Control Number: 1225-0093

Office of Workers' Compensation Programs

Division of Energy Employees Occupational Illness Compensation
200 Constitution Ave, NW, Room C-3321

Washington, D.C. 20210



CUSTOMER EXPERIENCE SURVEY

| Please describe pain points and bright spots related to: Receiving a decision |
|---|
| and what follows (After receiving a Final Decision. Examples: appeals, reopening, receiving |
| compensation). |
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| What changes could DEEOIC make to improve the experience of future claimants? |
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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-3321*, *Washington*, *D.C. 20210* and reference OMB Control Number 1225-0093.

Note: Please do not return the completed form to this address.

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