

Introduction – Phone Survey (Where Claim Type = Individual)

Hello, I’m calling from FEMA, the Federal Emergency Management Agency. My name is _____ and my PIN is _____. May I please speak with [Claimant name]?

Introduction – Phone Survey (Where Claim Type = Business, Government, Tribal, or Not-for-Profit and the Name field does not include a person’s name)

Hello, I’m calling from FEMA, the Federal Emergency Management Agency. My name is _____ and my PIN is _____. May I please speak with **the person most familiar with the Hermits Peak/Calf Canyon Claim?** [Claimant name]?

If no: Thank you for your time and have a good day/evening.

If yes: You recently received a Letter of Determination from the Hermit’s Peak/Calf Canyon Claims Office. You may still be discussing your losses with the Claims Office staff, but we would like to know how the process is going for you. This confidential survey helps the Claims Office make sure your needs are heard and continuously improve our process. Your answers will not affect the outcome of your claim. Would you volunteer to take 11-13 minutes to answer some questions?

If no: What would be a better time to call back? Thank you for your time and have a good day/evening.

If yes: These questions comply with the Privacy Act of 1974 and have been approved by the Office of Management and Budget under number 1660-0130. Your answers will not affect the outcome of your claim. This call may be monitored and/or recorded for quality assurance.

INFORMATION & COMMUNICATIONS

The first questions are about information and communication provided by the Claims Office. Please use a scale of 1 (Poor) to 5 (Excellent), or if you had no experience with that service say “No Experience.”

How would you rate correspondence or other material you received from the Claims Office on...

| | 1 Poor | 2 | 3 | 4 | 5 Excellent | No Experience |
|--|-----------|---|---|---|----------------|------------------|
| 1. Informing you what happens after you submit your POL | | 0 | | | | |
| 2. Clearly explaining the determination on your compensation | | | | | | |

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|---|--|--|--|--|--|--|
| 3. Clearly explaining the appeal process | | | | | | |
| 4. Being helpful throughout the claims process | | | | | | |
| 5. Ability to list all of your losses | | | | | | |
| 6. Ability of staff to find additional losses you were eligible for | | | | | | |

7. Can you explain in what ways, if any, did the Claims Office help you?

8. What comments do you have to improve the information and communications of the Claims Office?

CUSTOMER SERVICE & EXPECTATIONS

The next questions are about the customer service you received.

9. Which one of the following was most helpful in providing information during your claims process? Please choose one.

- Claims Office website
- Facebook page
- CLIP Community Portal

- Navigator
- Claims Reviewer
- Advocate Office

Using a scale of 1 (Poor) to 5 (Excellent), how would you rate [insert Q9 response] on providing...

| Rating Scale | 1 Poor | 2 | 3 | 4 | 5 Excellent |
|--|-----------|---|---|---|----------------|
| 10. Easy access to services | | | | | |
| 11. Information that was helpful | | | | | |
| 12. An explanation of what happens next | | | | | |
| 13. Providing information in your preferred language | | | | | |
| 14. Meeting expectations | | | | | |

If Q14 is “3” or below, go to Q15. Else go to Q16.

15. Which of the following describes why your expectations were not met? Choose all that apply.

- Navigator or Claims Reviewer was not knowledgeable about my claim
- Claims process was not timely enough for my needs
- Claims process not explained to my satisfaction
- Forms were confusing
- Information received was not consistent
- Too many unknowns about the process
- Other

Using the same 1 (Poor) to 5 (Excellent) scale, how would you rate the staff you interacted with on...

| Rating Scale | 1 Poor | 2 | 3 | 4 | 5 Excellent |
|--|-----------|---|---|---|----------------|
| 16. Helping you identify additional losses you may be eligible for | | | | | |
| 17. Providing caring customer service | | | | | |

Using a 1 (Not at all Satisfied) to 5 (Very Satisfied) scale, how would you rate your satisfaction with the Claims Office on...

| Rating Scale | 1 Not at all Satisfied | 2 | 3 | 4 | 5 Very Satisfied |
|--------------|------------------------------|---|---|---|------------------------|
| | | | | | |

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|--|--|--|--|--|--|
| 18. Consistency of information received from staff | | | | | |
| 19. Explanation of documentation requirements | | | | | |
| 20. Timeliness of the claims process | | | | | |
| 21. Simplicity of the process | | | | | |
| 22. Overall satisfaction with the Claims Office | | | | | |

If Q22 is “3” or below, go to Q23. Else go to Q24.

23. . Which of the following describes the reason you are not satisfied with the overall Claims Office Experience? Choose all that apply.

- Not responding to requests for information
- Not understanding requirements
- No clear direction
- Inconsistency in information
- Not connected with external resources essential to helping me
- The Claims Office website or Facebook page was difficult to navigate
- Other

Using a scale of 1 (Poor) to 5 (Excellent), how would you rate your compensation...

| Rating Scale | 1 Poor | 2 | 3 | 4 | 5 Excellent |
|---|-------------------|----------|----------|----------|------------------------|
| 24. Arriving in a reasonable amount of time | | | | | |
| 25. Helping meet your needs | | | | | |

26. Using a scale of 1 (Not at all Likely) to 5 (Very Likely), how likely are you to recommend to other residents affected by the Fire or subsequent flooding to work with the Claims Office to get compensated?

| 1 Not at all Likely | 2 | 3 | 4 | 5 Very Likely |
|--------------------------------|----------|----------|----------|--------------------------|
| | | | | |

COMMENTS & SUGGESTIONS

27. What comments or suggestions do you have for improvement based on your experience with the Claims Office?

CLOSING

Thank you for taking the time to give us your opinion on the Claims Office and its processes.