

U.S. Department of Labor

Office of Workers' Compensation Programs
Division of Energy Employees Occupational Illness Compensation
200 Constitution Ave, NW, Room C-3321
Washington, D.C. 20210



Dear Claimant,

Our records indicate that you recently received a Final Decision (FD) under the Energy Employees Occupational Illness Compensation Program Act (EEOICPA). We are very interested in receiving feedback on your experience with EEOICPA, and with the processes in which the EEOICPA works for you and with you. Your participation will help us improve the claimant/customer experience.

We would very much appreciate your assistance in helping us determine what is working and what may not be working. To do this, please complete the brief confidential survey below. We have enclosed a postage paid envelope for you to return the survey. We are not asking for you to identify yourself and we want you to know that this information is confidential and cannot be traced back to you. If, however, you would like to speak with our Customer Experience team about your experience, please leave your telephone number and a member of our team will contact you.

For each of the statements below, write out the numbered response that best characterizes how you feel about the statement, where: 1 = Strongly Disagree, 2 = Disagree, 3 = Neither Agree Nor Disagree, 4 = Agree, and 5 = Strongly Agree.

Feel free to add free flow text.

- 1) The interactions and process leading to the most recent FD increased my trust in the Division of Energy Employees Occupational Illness Compensation (DEEOIC). _____
- 2) I trust DEEOIC to fulfill our country's commitment to our nuclear weapons employees and contractors. _____
- 3) I am satisfied with the service I received from DEEOIC. _____
- 4) It took a reasonable amount of time to do what I needed to do to allow for my FD to be issued. _____
- 5) I was treated fairly. _____
- 6) I understood what was being asked of me throughout the process. _____
- 7) DEEOIC employees I interacted with were helpful. _____
- 8) The Resource Center employees, if applicable, were committed to solving my problem. _____

Finally, please circle whether your Final Decision was: **an acceptance of benefits, a denial of benefits, or part acceptance/part denial.**

Thank you.

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

OMB Control Number: 1218-0276
Expiration Date: 2/29/2024

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 5 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Your response is voluntary. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, by email (Novack.Joshua@dol.gov) and reference the OMB Control Number 1218-0276.