

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 within the last 14 months, you requested approval for oxygen equipment and/or accessories 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.


When completing the survey, please base your ratings on interactions with DEEOIC only, and not medical providers, home health care agencies, authorized representatives, or other parties not affiliated with DEEOIC.

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



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 6 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 reference OMB Control Number 1225-0093. **Note: Please do not return the completed form to this address.**

Please agree or disagree with the following statements by circling a response:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
I am satisfied with the service I received from the Division of Energy Employees Occupational Illness Compensation (DEEOIC) related to my oxygen equipment and/or accessories request.	5	4	3	2	1	n/a
The process leading up to receiving a decision on my oxygen equipment and/or accessories request increased my trust in DEEOIC.	5	4	3	2	1	n/a
I have been able to get my questions about oxygen equipment and/or accessories requests answered.	5	4	3	2	1	n/a
It was easy to complete what I needed to do to receive a decision on my request for oxygen equipment and/or accessories .	5	4	3	2	1	n/a
It took a reasonable amount of time to receive a decision on my request for oxygen equipment and/or accessories .	5	4	3	2	1	n/a
I understood what was being asked of me throughout the process of requesting oxygen equipment and/or accessories	5	4	3	2	1	n/a
The DEEOIC employees I interacted with during my oxygen equipment and/or accessories request were helpful.	5	4	3	2	1	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
All medical expenses are subject to the OWCP Fee Schedule, including those out-of-pocket medical expenses incurred by you. Were you aware of the OWCP Fee Schedule before taking this survey?	Yes	No	 Open the camera application on your mobile device, and then bring this QR code into view. You will have the option to click the link which will bring you to the DEEOIC CX website.			
Would you like the option to access educational materials and handouts by scanning a QR (Quick Response) code on your mobile device? (Scan the code on the right to be directed to the Customer Experience page of the DEEOIC website)	Yes	No				

Would you like to speak with our Customer Experience Team regarding your experience filing your request for **oxygen equipment and/or accessories**? Yes No

If **yes**, please provide your name and telephone number. Please note that you will be receiving a call from a representative who will ask for your feedback on the process but cannot speak to specific details about your case.

Name: _____ Phone: _____



When considering your **oxygen equipment and/or accessories** request experience from start to finish, please list or describe the “pain points” and “bright spots” of your experience. (A **pain point** is interaction or step in the process that caused a problem, frustration, or resulted in a negative experience. A **bright spot** is an interaction or step in the process that went smoothly, or resulted in a positive experience.)

Pain Points:

Bright Spots:

EQUITY ASSESSMENT

Creating 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.

“Equity data” describes aspects of your personal identity. DEEOIC does not collect this type of data, however we want to know if you feel like your own personal circumstances have made it difficult for you to navigate this program.

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. 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. We want to improve program accessibility and inclusion.

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

- Ability or disability status
- Racial or ethnic identity
- Age
- Sex/Gender identity
- Sexual orientation
- Veteran status
- Religion
- Social class
- Geographic location (rural/remote)
- Other _____

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