

OMB Control Number: 1225-0093
Expiration Date: 02/29/2024

Customer Experience and Equity Assessment Survey [Longshore]

Provide Feedback on Your Experience

Public Burden Statement

Thank you for agreeing to take our survey. Your feedback will allow us to improve our system and better serve our claimants. The OMB control number for this collection is 1225-0093 and expires on February 29, 2024. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The public reporting burden for this collection of information is estimated to average 5 minutes to complete, including time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is voluntary (5 U.S.C. § 8101 *et seq.*) to obtain or retain a benefit. You are not required to respond to this collection of information unless it displays a valid OMB control number. Please send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Workers' Compensation Programs, U.S. Department of Labor, Room S3229, 200 Constitution Avenue, N.W. Washington, D.C. 20210, and reference the OMB Control Number 1225-0093.

The Longshore program is committed to improving customer experience and identifying and removing barriers to equitable access to our services for workers who have been injured on the job and need to file a claim for workers' compensation. This includes finding ways to advance equity for all, including people who belong to underserved, marginalized, and excluded communities that have been adversely affected by disparities and inequality in our laws and public policies. We strive for fair, just, and impartial treatment of all, including racial and ethnic minorities, persons with disabilities, the LGBTQ+ community, rural communities, and other underserved populations. Your responses to the questions below will help us improve customer experience, inclusion, and accessibility for the Longshore program.

The collection of this information is voluntary. It is not required, and it will not be available to or used by OWCP staff during the adjudication process. This voluntary data is anonymous, confidential, and will only be accessed by non-claims staff without personal identifiable information.

To help us achieve this goal, click "Take Survey" to answer a short survey. Click "Skip Survey" if you do not wish to provide feedback. If they click "Skip Survey" – message says "Thank you for your consideration."

Please indicate your agreement or disagreement with the following statements:

I am satisfied with the overall ease and experience requesting assistance from OWCP's Longshore program.

(5 – strongly agree, 4 – agree, 3 – neutral, 2 – disagree, 1 – strongly disagree, N/A)

I found what I needed to learn how to request assistance from OWCP's Longshore program.

(5 – strongly agree, 4 –agree, 3 – neutral, 2 – disagree, 1 – strongly disagree, N/A)

It was easy to complete what I needed to request assistance from OWCP's Longshore program.

(5 – strongly agree, 4 –agree, 3 – neutral, 2 – disagree, 1 – strongly disagree, N/A)

I understood what was being asked of me throughout the process of requesting assistance.

(5 – strongly agree, 4 –agree, 3 – neutral, 2 – disagree, 1 – strongly disagree, N/A)

I trust the OWCP's Longshore program to appropriately handle my injury claim and/or provide assistance.

(5 – strongly agree, 4 –agree, 3 – neutral, 2 – disagree, 1 – strongly disagree, N/A)

OWCP Longshore program employees I interacted with were helpful in filing my injury claim and/or providing assistance.

(5 – strongly agree, 4 –agree, 3 – neutral, 2 – disagree, 1 – strongly disagree, N/A)

Additional Comments: _____

Did you encounter any barriers or problems when filing your injury claim and/or requesting assistance?

Barriers are defined as policies, practices, procedures, conditions or obstacles that limit or prevent equitable access to the Longshore program including enrollment in and access to its benefits and services. Barriers can be institutional (i.e., related to rules, requirements, habits, etc.), attitudinal (i.e., actions or beliefs), physical (i.e., access to facilities or programs) or technological.

Yes / Maybe / I'm Not Sure

No

If Yes:

Was the barrier(s) related to any of the following demographic characteristics? (check all that apply)

Racial or ethnic identity

Sex/gender identity

Sexual orientation

Preferred Language

Ability or disability status

The barrier(s) was not related to these characteristics

Text Field: Please provide any additional information that you would like to share about the barrier(s) faced.

Note: If you have not already, please also consider completing the voluntary demographic information asked for in your profile [[link](#)].