



Dear Authorized Representative,

Our records indicate that you have served as an Authorized Representative (AR) under the Energy Employees Occupational Illness Compensation Act (EEOICPA). As an AR for a case that received a Final Decision, we are very interested in receiving feedback on your experience with DEEOIC.

This survey is focused on gathering feedback reflecting on your interactions as an Authorized Representative, specifically about the process leading to the issuance of the Final Decision. Your participation in the enclosed Customer Experience Survey will help us improve both the claimant and AR experience.

We appreciate your assistance in helping us determine what is working and what may be improved.

The following survey is confidential. Please return this survey using the enclosed postage paid envelope by XXXXX XX, 2024.

Thank you for your participation.

*Stakeholder Engagement*

Branch of Outreach and Technical Assistance

Division of Energy Employees Occupational Illness Compensation



## DEEOIC AUTHORIZED REPRESENTATIVE CUSTOMER EXPERIENCE SURVEY

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.**

Please indicate your answers to the statements below by circling a response.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
Based on my experience as an Authorized Representative, I trust DEEOIC to fulfill our country's commitment to nuclear workers and their families.	5	4	3	2	1	n/a
What factors contributed to your trust rating? (You may select more than one)						
<input type="checkbox"/> Helpfulness/commitment level of employees <input type="checkbox"/> Ability to get my needs addressed <input type="checkbox"/> Ease of process <input type="checkbox"/> Expectations/information provided throughout process <input type="checkbox"/> Length of time of process <input type="checkbox"/> Fairness during process						
I understand my role and responsibilities as an Authorized Representative.	5	4	3	2	1	N/A
It took a reasonable amount of time for the claimant to receive a final decision.	5	4	3	2	1	N/A
It was easy to complete what I needed to do for the claimant to receive a final decision.	5	4	3	2	1	N/A
I have been able to get my questions answered.	5	4	3	2	1	N/A
In my role as an Authorized Representative, I have been treated fairly.	5	4	3	2	1	N/A
The DEEOIC employees I have interacted with were helpful.	5	4	3	2	1	N/A

Over



Please indicate your answers to the statements below by circling a response.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
I have been informed of or have access to resources that indicate the length of time each step in the claims process takes.	5	4	3	2	1	N/A
DEEOIC provides the appropriate information and tools necessary to do my job as an Authorized Representative.	5	4	3	2	1	N/A
Please rate your experience with DEEOIC as an Authorized Representative.	Outstanding	Above Average	Average	Below Average	Poor	N/A
What resources have you found most useful in helping understand the program and assisting your claimant?	DEEOIC website	Resource Center Employees	Claims Examiners	Outreach Events (Webinar and In-Person)	Other : _____	

**How can the Energy Program help you better assist the claimant that you represent?**

**Do you have additional feedback related to your experience as an Authorized Representative?**

**Would you like to speak with our Customer Experience Team regarding your experience as an Authorized Representative?**

Yes  No

**If yes, please provide your name and telephone number:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_