



**Office of Workers' Compensation Programs**  
**Division of Coal Mine Workers'**  
**Compensation**

Paperwork Reduction Act Statement

A Federal agency may not conduct or sponsor an information collection subject to the requirements of the Paperwork Reduction Act unless the information collection has a currently valid OMB Control Number. The approved OMB Control Number for this information collection is 1225-0093 (expires 1/31/2027). Without this approval, we could not conduct this survey. Public reporting for this information collection is estimated to be approximately 5 minutes per response. All responses to this information collection are voluntary. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden to U. S Department of Labor, DCMWC, 200 Constitution Ave., N. W., Suite C-3520, Washington, DC 20210 or email at [DCMWC-public@dol.gov](mailto:DCMWC-public@dol.gov).

**CUSTOMER EXPERIENCE SURVEY**

| Please circle a numerical response for each of the following questions:                                                           | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | N/A |
|-----------------------------------------------------------------------------------------------------------------------------------|----------------|-------|---------|----------|-------------------|-----|
| I trust the Federal Black Lung Program to fulfill our country's commitment to mine workers and survivors.<br>Additional Comments: | 5              | 4     | 3       | 2        | 1                 | n/a |
| I am satisfied with the service I received from the Federal Black Lung Program thus far.<br>Additional Comments:                  | 5              | 4     | 3       | 2        | 1                 | n/a |
| The claims process is moving at a reasonable pace.<br>Additional Comments:                                                        | 5              | 4     | 3       | 2        | 1                 | n/a |
| I have understood what has been asked of me throughout the process up to this point.<br>Additional Comments:                      | 5              | 4     | 3       | 2        | 1                 | n/a |
| The Black Lung Representatives that I interacted with were helpful.<br>Additional Comments:                                       | 5              | 4     | 3       | 2        | 1                 | n/a |

**1. Have you ever attempted to use the Federal Black Lung Program's Claimant Online Access Link (C.O.A.L.) portal to submit case documents electronically?**

☐ Yes [Go to next question]

☐ No [Skip to Question 3]

**2. How was your experience using the C.O.A.L. portal? Select the response that best matches your experience.**

☐ I was able to upload my documents easily.

☐ I was able to upload my documents with difficulty.

☐ I was not able to upload my documents.

**3. Why have you never attempted to use the C.O.A.L. portal? Select the response that best matches your experience.**

☐ I was not aware it existed.

☐ I found it too confusing/intimidating to even try.

☐ I generally prefer paper to online.

☐ Other \_\_\_\_\_

Do you have internet access? ☐ Yes ☐ No

The C.O.A.L. Mine Portal can be found at <https://coalmine.dol.gov/>

#### BARRIERS TO ACCESS SURVEY

The OWCP/Federal Black Lung Program is committed to finding ways to remove barriers, advance equity for all, and improve program accessibility and inclusion. Your responses to the questions below will help us improve inclusion and accessibility for the Federal Black Lung program:

**In your interactions with the Federal Black Lung Program, have you experienced difficulties during the application process?**

☐ YES ☐ NO

*Difficulties may include policies, practices, procedures, conditions, or obstacles that limit or prevent equitable access to the Federal Black Lung Program.*

If yes, please identify where you encountered difficulties. **Check all that apply:**

☐ Form Completion ☐ Physician Selection ☐ Physician Scheduling ☐ Physician Examination

☐ Requested Information ☐ Travel Reimbursement ☐ Other: \_\_\_\_\_

Please explain how the above contributed to difficulties in the application process:

Would you like to speak with a Federal Black Lung Program Representative? ☐ YES ☐ NO

**If yes, please provide your name and telephone number:**  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Additional Comments:

