

FECA Program Customer Experience and Equity Survey

Be Counted or Be Invisible – Provide Feedback on Your Experience

The FECA program is committed to improving customer experience and identifying and removing barriers to equitable access to our services for federal 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 FECA 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.

Customer Experience Assessment:

- 1. Based on my experience filing a claim today, I trust FECA to deliver on its responsibility to Federal Employees.**



If respondent selects "thumbs up" – can check multiple boxes:

- 2a. What about this interaction made the difference?** (You may select more than one)

- | | |
|--|--------------------------|
| a. My need was addressed. | <input type="checkbox"/> |
| b. It was easy to complete what I needed to do. | <input type="checkbox"/> |
| c. It took a reasonable amount of time to do what I needed to do. | <input type="checkbox"/> |
| d. I understood what was being asked of me throughout the process. | <input type="checkbox"/> |

If respondent selects "thumbs down" – can check multiple boxes:

- 2b. What could have been better?** (You may select more than one)

- | | |
|--|--------------------------|
| a. My need was not addressed. | <input type="checkbox"/> |
| b. It was difficult to complete what I needed to do. | <input type="checkbox"/> |
| c. It took too long to do what I needed to do. | <input type="checkbox"/> |
| d. I did not understand what was being asked of me throughout the process. | <input type="checkbox"/> |

- 3. I am satisfied with my overall experience today.**

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

- 4. Anything else you want us to know about your experience?**

(open-text field)

Barrier/Equity Assessment:

5. Did you encounter any barriers or problems when filing your injury claim?

Barriers are defined as policies, practices, procedures, conditions, or obstacles that limit or prevent equitable access to the FECA 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 respondent selects Yes/Maybe/I'm not sure:

5a. Was/were 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

☐ Geographic Location (urban/rural)

☐ The barrier(s) was/were not related to these characteristics.

6. Please provide any additional information that you would like to share about the barrier(s) faced. (open-text field)

Note: If you have not already, please also consider completing the voluntary demographic information asked for in your ECOMP profile.

The OMB control number for this collection is 1225-0093 and expires on 01/31/2027. 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, *Federal Employees Program*, PO Box 8311, London, KY 40742-8311 and reference OMB Control Number 1225-0093.