



Dear Claimant,

Our records indicate that you recently received medical travel reimbursement from the Division of Energy Employees Occupational Illness Compensation (DEEOIC). As a valued participant in this program, we are very interested in receiving feedback on your experience with DEEOIC.

This survey is focused on gathering feedback reflecting on your experience and interactions as part of the program, specifically about the process leading to the medical travel reimbursement. Your participation in the enclosed customer experience survey will help us identify ways to improve the experience for you and other claimants like you.

The following survey is confidential, and we appreciate your assistance in helping us determine what is working and what may be improved.

Please return this survey using the enclosed postage paid envelope by November 11, 2024.

Thank you for your participation.

*Stakeholder Engagement*

Branch of Outreach and Technical Assistance

Division of Energy Employees Occupational Illness Compensation



## DEEOIC CUSTOMER EXPERIENCE SURVEY

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, 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 submitting and receiving medical travel reimbursement, 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 am satisfied with the service I have received from DEEOIC.	5	4	3	2	1	N/A
I understood what I needed to provide for travel reimbursement.	5	4	3	2	1	N/A
The travel reimbursement process is moving at a reasonable pace.	5	4	3	2	1	N/A
It was easy to complete what I needed to do to receive travel reimbursement.	5	4	3	2	1	N/A
My travel reimbursement questions were answered throughout the process.	5	4	3	2	1	N/A
The DEEOIC employees I have interacted with were helpful.	5	4	3	2	1	N/A
What resources have you found most useful in helping to understand the program and process?	DEEOIC website <input type="checkbox"/>	Resource Center Employees <input type="checkbox"/>	Claims Examiners <input type="checkbox"/>	Outreach Events (webinar or in-person)	Other: _____	
The amount I was reimbursed for medical travel was the amount I expected to receive.	Yes	No	N/A			

Over

**When submitting your most recent medical travel reimbursement, what parts of the process were easiest to understand or complete?  
What parts were difficult or confusing?**

Easy to Understand

Difficult to Understand

**Do you have additional feedback related to your experience submitting and receiving medical travel reimbursement?**

**Would you like to speak with our Customer Experience**

**Team regarding your experience?**

Yes

No

**If yes, please provide your name:** \_\_\_\_\_

**and telephone number:** \_\_\_\_\_

## 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. 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, 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	<input type="checkbox"/>
Racial or ethnic identity	<input type="checkbox"/>
Age	<input type="checkbox"/>
Sex/Gender identity	<input type="checkbox"/>
Sexual orientation	<input type="checkbox"/>
Veteran status	<input type="checkbox"/>
Religion	<input type="checkbox"/>
Social class	<input type="checkbox"/>
Geographic location (rural/remote)	<input type="checkbox"/>
Other _____	<input type="checkbox"/>

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