OMB Control Number: 1225-0093 OMB Expiration Date: 1/31/2027

U.S. DEPARTMENT OF LABOR

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.

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. Additional Comments:	5	4	3	2	1	n/a
I was satisfied with the service I received from the Federal Black Lung Program. Additional Comments:	5	4	3	2	1	n/a
It took a reasonable amount of time for my decision to be issued. Additional Comments:	5	4	3	2	1	n/a
The correspondence or letters I received from the Federal Black Lung program were clear and understandable. Additional Comments:	5	4	3	2	1	n/a
The Black Lung Representatives that I interacted with were helpful. Additional Comments:	5	4	3	2	1	n/a

1. Have you ever attem documents electronicall ☐ Yes [Go to next quest	•	ng Program's	Claimant O	nline Access	Link (C.O.A	.L.) portal to) submit ca	ıse
☐ No [Skip to Question	3]							
2. How was your experi	ence using the C.O.A.L. portal? S	elect the resp	onse that l	best matche	s your exper	ience.		
□I was able to upload m	y documents easily.							
□I was able to upload m	y documents with difficulty.							
□I was not able to uploa	nd my documents.							
3. Why have you never a	attempted to use the C.O.A.L. po	rtal? Select th	e response	that best m	natches your	experience	:.	
□I was not aware it exis	ted.							
☐I found it too confusing	g/intimidating to even try.							
☐ I generally prefer paper	er to online.							
☐ Other	_							
Do you have internet acc	ess? □ Yes □ No							
The C	O.A.L. Mine Portal can be found	at- <u>https://ecl</u>	<u>aimant.dol</u>	.gov/portal/	?program_n	ame=BL		
	k Lung Program is committed to d inclusion. Your responses to tl		to remove				-	the
☐ YES ☐ NO	n the Federal Black Lung Program le policies, practices, procedu ung Program.							SS
If yes, please identify wh	ere you encountered difficulties.	Check all that	apply:					
☐ Form Completion ☐ Requested Informatio	☐ Physician Selection ☐ Pn ☐ Travel Reimbursement ☐	hysician Scheo Other:	•	Physician Ex	kamination			
Please explain how the	e above contributed to difficul	ties in the ap	plication p	orocess:				
	with a Federal Black Lung	If yes, please	-		-	number:		
Program Representative	? □YES □ NO	Name:			Phone:			

Additional Comments: