U.S. DEPARTMENT OF LABOR

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



Dear Claimant,

Our records indicate that you recently received a decision regarding your Federal Black Lung claim. We would like your feedback on your experience through the claim process. Your participation in the Customer Experience Survey is completely voluntary. We understand that you may or may not be satisfied with the outcome of your claim; however, we are seeking feedback on your experience with the claims process because we want to provide the best service possible. Your feedback about the claims process will help us improve the claimant/customer experience. If there are any portions of the survey that you do not wish to complete, you can skip that section/question. We appreciate your assistance in helping us determine what is working and what may be improved for claimants. The following survey is confidential.

If you choose to participate in the survey, please return it using the enclosed postage paid envelope within 30 days. Thank you for your participation.