



Dear Claimant,

Our records indicate that you recently received a final decision letter 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 this letter and 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 final decision letter. 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 currently working and what could be improved in the future.

Please return this survey using the enclosed postage paid envelope by March 21, 2025.

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 leading up to and receiving my final decision letter, 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 throughout the process.	5	4	3	2	1	N/A
It took a reasonable amount of time for my final decision letter to be issued.	5	4	3	2	1	N/A
It was easy to complete what I needed to do to receive my final decision letter.	5	4	3	2	1	N/A
My needs were effectively addressed 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) <input type="checkbox"/>	Other: _____	
Was your claim approved or denied?	Yes	No	N/A			
Do you understand why you received the final decision in your letter?	Yes	No	N/A			



What parts of the final decision letter were easiest to understand?

What parts were difficult or confusing?

Easy to Understand

Difficult to Understand

Do you have additional feedback related to your experience receiving your final decision letter?

Would you be willing to speak with our Customer Experience team in the future related to your experiences with our program?

Yes No

If yes, please provide your name: _____

Telephone number: _____

Best day(s) to reach you:

Monday Tuesday Wednesday Thursday Friday