Summary of Email Outreach for Claimant Survey

Email Purpose	Initial Invitation to Participate
Send date	12/4/2024
From email & name	OWCP-Surveys@DOL.gov OWCP Survey Distribution
Subject Line	We want to hear from you! OWCP Claimant Experience Survey
Plain text email?	Yes
Unsubscribe Link?	No

To our valued program claimants,

The Office of Workers' Compensation Programs is running a claimant survey to better understand the experience of finding medical treatment for a workplace injury and/or illness. Sharing your experiences will help OWCP improve access to treatment for claimants. The survey is voluntary and anonymous. It should take about 5 minutes to complete.

To take the survey, please click the link below, or copy and paste it into your web browser.

LINK

Please do not include any personal information on this survey, including your name, date of birth, email address, SSN, etc.

For questions concerning your Federal Employees' Compensation Act claim please contact (202) 513-6860.

We greatly appreciate your time and support of this project.

Sincerely,

NAME

Email Purpose	Reminder Email
Send date	12/11/2024
From email & name	OWCP-Surveys@DOL.gov OWCP Survey Distribution
Subject Line	OWCP Claimant Experience Survey – Your feedback is valuable to us
Plain text email?	Yes
Unsubscribe Link?	No,

To our valued program claimants,

We recently let you know that the Office of Workers' Compensation Programs is running a claimant survey to better understand the experience of finding medical treatment for a workplace injury and/or illness. If you've already completed the survey, thank you! If you have not, we would love to hear from you. The survey is voluntary and anonymous. It should take about 5 minutes to complete.

To take the survey, please click the link below, or copy and paste it into your web browser.-

LINK

For questions concerning your FECA claim please contact (202) 513-6860.

We thank you for your time and support.

Sincerely,

NAME