



Dear Claimant,

Our records indicate that you received medical travel reimbursement from Division of Energy Employees Occupational Illness Compensation (DEEOIC). We are very interested in receiving feedback on your experience with DEEOIC.

Your participation in the enclosed **Customer Experience and Equity Surveys** will help us improve the claimant/customer experience.

We appreciate your assistance in helping us determine what is working and what may be improved. The following survey is confidential. Please return this survey using the enclosed postage paid envelope by MONTH DATE YEAR.

Thank you for your participation.

Stakeholder Engagement

Branch of Outreach and Technical Assistance

Division of Energy Employees Occupational Illness Compensation



CUSTOMER EXPERIENCE SURVEY

Please agree or disagree with the following statements by circling a numerical response:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
The process leading up to receiving reimbursement for travel increased my trust in the Division of Energy Employees Occupational Illness Compensation (DEEOIC).	5	4	3	2	1	n/a
I am satisfied with the service I have received from DEEOIC thus far.	5	4	3	2	1	n/a
The travel reimbursement process is moving at a reasonable pace.	5	4	3	2	1	n/a
I understood what I needed to provide for approval for 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 Travel Reimbursement Form (OWCP-957) was self-explanatory and easy to complete.	5	4	3	2	1	n/a
The employees I interacted with in seeking travel reimbursement were helpful.	5	4	3	2	1	n/a
When I disagreed with the amount I was reimbursed for travel, I found it was easy to have it reviewed.	5	4	3	2	1	n/a
The amount I was reimbursed for travel was the amount I expected to receive.	Yes	No				n/a

Additional Comments:



EQUITY & ACCESS ASSESSMENT

OWCP / 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 for fair, just, and impartial treatment of all, including racial and ethnic minorities, persons with disabilities, the LGBTQ+ community, rural communities, and other underserved populations. We want to improve program accessibility and inclusion.

In your interactions with DEEOIC, have you experienced difficulties 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"/>

Please agree or disagree with the following statements by circling a numerical response:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
In my daily life, I have access to affordable transportation.	5	4	3	2	1	n/a
I feel comfortable talking with DEEOIC representatives about the unique issues I face.	5	4	3	2	1	n/a
I was treated with respect by DEEOIC representatives.	5	4	3	2	1	n/a

What do you think DEEOIC could do better to deliver more equitable services?

The OMB control number for this collection is 1218-0276 and expires on 02/29/2024. 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 1218-0276.

Note: Please do not return the completed form to this address.