

<i>Below are standardized questions for use by OWCP programs and WCMBP contractor. Any non-standardized questions are specified.</i>	
Survey Script	Pertains to: OWCP (Longshore, FECA, Black Lung, Energy) / WCMBP Contractor
<u>Prior to connecting to a Claims Examiner</u> Would you be interested in taking our short nine question customer service survey? If so, please press 1 now and remain on the line after the call. <u>Prior to connecting to a Resource Center employee</u> Your feedback is important to us. Please press 1 to complete a customer experience survey following this call. <u>At the conclusion of a call with WCMBP contractor call center agent</u> Your feedback is important to us, would you like to complete the customer satisfaction call survey? Please visit www.#####.com to complete the survey.	<u>Longshore Program, FECA Program, Black Lung Program</u> <u>Energy Program</u> <u>WCMBP Contractor</u>
<u>Survey Introduction</u> Thank you for agreeing to take our survey! This survey should take approximately four minutes to complete. Most questions are based on a 1 to 5 scale. 1 is strongly agree, 2 is agree, 3 is neutral, 4 is disagree, 5 is strongly disagree and you may press the appropriate key at any time after hearing the question. Please do not respond on the basis of your satisfaction with the outcome of a claim, but rather the customer service you received today. The Office of Management and Budget has approved this survey under control number 1225-0088 for use through 01/31/2024. A Federal agency cannot conduct a survey without such approval. 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. Responding to this survey is voluntary. <u>Survey Introduction</u> Thank you for agreeing to take our survey! This survey should take approximately four minutes to complete. Please do not respond on the basis of your satisfaction with the outcome of a claim, but rather the customer service you received today. The Office of Management and Budget has approved this survey under control number 1225-0088 for use through 01/31/2024. A Federal agency cannot conduct a survey without such approval. 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	<u>All OWCP Programs</u> <u>WCMBP Contractor</u>

number. Responding to this survey is voluntary.	
1. If your call was to request an Intervention, press 1. For all other assistance, press 2. - Intervention Request - All other assistance	<u>Longshore Program</u>
1. If your call was regarding medical billing or authorization, press 1. For all other, press 2. - Medical billing or authorization - All other	<u>FECA Program</u>
1. If your call was regarding medical billing or benefits, press 1. For all other, press 2. - Medical billing or benefits - All other	<u>Black Lung Program, Energy Program</u>
2. I am satisfied with the service I received today. - Strongly agree - Agree - Neutral - Disagree - Strongly disagree	<u>All OWCP and WCMBP contractor</u>
3. This interaction increased my trust in this program. - Strongly agree - Agree - Neutral - Disagree - Strongly disagree	<u>All OWCP and WCMBP contractor</u>
4. My need was addressed. - Strongly agree - Agree - Neutral - Disagree - Strongly disagree	<u>All OWCP and WCMBP contractor</u>
5. It was easy to get my questions answered or my needs met. Strongly agree	<u>All OWCP Programs</u>

• Agree • Neutral • Disagree • Strongly disagree 5. The agent was professional and knowledgeable. • Strongly agree • Agree • Neutral • Disagree • Strongly disagree	<u>WCMBP Contractor</u>
6. This call took a reasonable amount of time to complete. • Strongly agree • Agree • Neutral • Disagree • Strongly disagree	<u>All OWCP and WCMBP contractor</u>
7. I was treated fairly. • Strongly agree • Agree • Neutral • Disagree • Strongly disagree 7 Please enter the service ticket number and the call center agent name provided to you during the call. • <i>Free form type response</i>	<u>All OWCP Programs</u> <u>WCMBP Contractor</u>
8. The representative was committed to solving my problem. • Strongly agree • Agree • Neutral • Disagree • Strongly disagree	<u>All OWCP and WCMBP contractor</u>

9. During this call, I was treated compassionately. • Strongly agree • Agree • Neutral • Disagree • Strongly disagree	<u>All OWCP and WCMBP contractor</u>
<u>Survey Closing</u> Thank you very much for your help in making the Office of Workers' Compensation Programs serve you better. If you have specific comments about how we might improve this survey or our service, please call the office you have just contacted. Have a nice day. <u>Survey Closing</u> Please provide us with any feedback based on the ratings you selected above. May we reach out to follow up with you on any feedback you would like to provide? If so, please leave your name, contact number and/or an email address below.	<u>All OWCP Programs</u> <u>WCMBP Contractor</u>