**OWCP Form: FECA-CX-1** 

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. Please do not include any personal information on this survey including name, email address, phone number, etc. We estimate it takes about 3 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, *Federal Employees Program*, *PO Box 8311*, *London*, *KY 40742-8311* and reference OMB Control Number 1225-0093.

## **OWCP FECA Program Customer Experience Survey**

## Provide Feedback on Your Experience

The FECA program is committed to improving customer experience for federal workers who have been injured on the job and need to file a claim for workers' compensation.

The collection of this information is voluntary. It is not required, and it will not be available to or used by OWCP staff during the adjudication process. This voluntary data is anonymous, confidential, and will only be accessed by non-claims staff without personal identifiable information.

## **Customer Experience Assessment:**

1.	Based on my experience filing a claim today, I trust FECA to deliver on its responsibility to Federal
	Employees.
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	If respondent selects "thumbs up" – can check multiple boxes:				
2a.	What	about this interaction made the difference? (You may select more than one)			
	a.	My need was addressed.			
	b.	It was easy to complete what I needed to do.			
	c.	It took a reasonable amount of time to do what I needed to do.			
	d.	I understood what was being asked of me throughout the process.			
	If respo	ondent selects "thumbs down" – can check multiple boxes:			
2b.	What	could have been better? (You may select more than one)			
	a.	My need was not addressed.			

	b.	It was difficult to complete what I needed to do.	
	c.	It took too long to do what I needed to do.	
	d.	I did not understand what was being asked of me throughout the process.	
3.		ongly agree, 4 –agree, 3 – neutral, 2 – disagree, 1 – strongly disagree, N/A)	
4.		ng else you want us to know about your experience? text field)	