

**Request for Approval under the "Generic Clearance for Improving
Customer Experience: OMB Circular A-11, Section 280
Implementation"
(OMB Control Number: 1225-0093)**

TITLE OF INFORMATION COLLECTION: Customer Experience and Equity Survey in ECOMP for Longshore Program

PURPOSE OF COLLECTION: This electronic survey is designed to assess how well the Longshore program serves its stakeholder-claimants. This survey will solicit claimants' feedback on what the program does or does not do well and whether they encountered any barriers to equitable access in working with the program. We will use the information to improve our claimants' experiences and identify potential areas for improvement and/or training. We will report the findings of our survey on the Performance.gov website.

TYPE OF ACTIVITY: (Check one)

- ☐ Customer Research (Interview, Focus Groups)
- ☒ Customer Feedback Survey
- ☐ User Testing

ACTIVITY DETAILS

1. How will you collect the information? (Check all that apply)

- ☒ Web-based or other forms of Social Media
- ☐ Telephone
- ☐ In-person
- ☐ Mail
- ☐ Other, Explain

2. Who will you collect the information from?

The Longshore program will collect information from claimants who have just registered for ECOMP (The Employees' Compensation Operations & Management Portal).

3. How will you ask a respondent to provide this information?

Claimants will receive a pop-up in the ECOMP portal with the option to participate in the survey.

4. What will the activity look like?

The web-based survey consists of 6 questions, 2 open-ended and 4 multiple-choice check-box questions.

5. Please provide your question list.

Please make sure that all instruments, instructions, and scripts are submitted with the request.

Survey attached.

6. When will the activity happen?

A version of this survey is currently being administered to all claimants who register for ECOMP. Deployment of the revised survey depends on the timing of the approval process and system updates with a goal of FY25, Q1.

7. Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants?

☐ Yes ☒ No

BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden Hours
Claimants	150	5 minutes	12.5
Totals			12.5

CERTIFICATION:

I certify the following to be true:

1. The collections are voluntary;
2. The collections are low-burden for respondents (based on considerations of total burden hours or burden-hours per respondent) and are low-cost for both the respondents and the Federal Government;
3. The collections are non-controversial and do not raise issues of concern to other Federal agencies;
4. Any collection is targeted to the solicitation of opinions from respondents who have experience with the program or may have experience with the program in the near future;
5. Personally identifiable information (PII) is collected only to the extent necessary and is not retained;
6. Information gathered is intended to be used for general service improvement and program management purposes
7. Upon agreement between OMB and the agency aggregated data may be released as part of A-11, Section 280 requirements only on performance.gov. Summaries of customer research and user

testing activities may be included in public-facing customer journey maps.

8. Additional release of data will be coordinated with OMB.

Name: Elizabeth Ackerman

All instruments used to collect information must include:

OMB Control No. 1225-0093

Expiration Date: 01/31/2027