



Dear Claimant,

Our records indicate that you recently received a Development Letter 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.

Thank you for your participation.

*Stakeholder Engagement*

Branch of Outreach and Technical Assistance

Division of Energy Employees Occupational Illness Compensation

CLOSED

**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 my Development Letter 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 claims process is moving at a reasonable pace.	5	4	3	2	1	n/a
I understood what was being asked of me throughout the process.	5	4	3	2	1	n/a
My questions have been answered throughout the process.	5	4	3	2	1	n/a
It was easy to complete what I needed to do to receive a Development Letter.	5	4	3	2	1	n/a
The employees I interacted with were helpful.	5	4	3	2	1	n/a

**Additional Comments:****Would you like to speak with our Customer Experience team?**Yes ☐ No ☐**If yes, please provide your name and telephone number:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**Over →**



## EQUITY 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:		Please agree or disagree with the following statements by circling a numerical response:					
		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
Ability or disability status	<input type="checkbox"/>	I feel comfortable talking with DEEOIC representatives about the unique issues I face.					
Racial or ethnic identity	<input type="checkbox"/>						
Age	<input type="checkbox"/>	I was treated with respect by DEEOIC representatives.					
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"/>						

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

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average **8 minutes** per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is **voluntary**. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, **DEEOIC, 200 Constitution Ave., NW, Room C-3321, Washington, D.C. 20210** and reference the OMB Control Number 1218-0276.