



Dear Claimant,

Our records indicate that you recently received a Final Decision under the Energy Employees Occupational Illness Compensation Program Act (EEOICPA). We are very interested in receiving feedback on your experience with EEOICPA. Your participation in the enclosed **Customer Experience Survey** 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 and we are not collecting any personal information. 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 interactions and process leading to the most recent Final Decision increased my trust in the Division of Energy Employees Occupational Illness Compensation (DEEOIC).	5	4	3	2	1	n/a
I trust DEEOIC to fulfill our country's commitment to our nuclear weapons employees and contractors.	5	4	3	2	1	n/a
I am satisfied with the service I received from DEEOIC.	5	4	3	2	1	n/a
It took a reasonable amount of time to do what I needed to do to allow for my Final Decision to be issued.	5	4	3	2	1	n/a
I was treated fairly.	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
DEEOIC employees I interacted with were helpful.	5	4	3	2	1	n/a
The Resource Center employees, if applicable, were committed to solving my problem.	5	4	3	2	1	n/a

Finally, please circle whether your Final Decision was:

an acceptance of benefits a denial of benefits or part acceptance/part denial.

Additional Comments:

If you would like to speak with our Customer Experience team about your experience, please provide your name and telephone number (OPTIONAL).

Name: _____

Telephone number: _____

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 5 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. Your response is voluntary. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, by email (Novack.Joshua@dol.gov) and reference the OMB Control Number 1218-0276.