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SurveyMonkey Powered Online Survey

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Office of Workers' Compensation Programs
United States Department of Labor
200 Constitution Avenue N.W.
Washington, DC 20210



OMB Control Number 1225-0088
Expiration Date: 06/2014

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Introduction

Welcome!

The Office of Workers' Compensation Programs is committed to continuous improvement of our services with the ultimate goal of achieving total customer satisfaction. We would greatly appreciate if you would answer a short survey and let us know how well we assisted you. This survey consists of fourteen questions with optional drill down questions from each of the four programs. Your responses should take no more than ten minutes to complete.

The intent of this survey is to capture your feedback on quality of service you received from our staff. Please do not respond on the basis of your satisfaction with the outcome of a claim. If you are not satisfied with the outcome of a claim, other, more effective means are available to you including providing additional information and appealing the decision directly with the administering Program.

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 10 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, Office of the Chief Information Officer, Attention: Departmental Clearance Officer, 200 Constitution Avenue, N.W., Room N-1301, Washington, DC 20210 or email DOL_PRA_PUBLIC@dol.gov and reference the OMB Control Number 1225-0059. Note: Please do not return the completed survey application to this address.

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