

Office of Injured Employee Counsel

2009 Customer Satisfaction Survey

The Office of Injured Employee Counsel (OIEC) takes pride in the customer service it provides to the injured employees of Texas. If you have had contact with OIEC in the past 12 months, please answer the following questions. Your answers will provide valuable feedback which OIEC will use to continue to improve its services.

Please send your completed survey:

- By mail to OIEC, 7551 Metro Center Drive, Suite 100, MS 50, Austin, TX 78744,
- In person to your local OIEC office (they will forward the survey to the OIEC Central Office), or
- By email by attaching it to the email and sending it to OIECInbox@oiec.state.tx.us.

GENERAL

OIEC WEBSITE

1. How many times have you accessed the OIEC website from home in the past 12 months?

- Do not have internet access at home
- Have internet access at home but have not accessed the website
- 1 - 5 times
- 6 or more times

2. What was the purpose of your visit to the OIEC website? (check all applicable)

- I have not accessed the OIEC website from home in the past 12 months
- OIEC Contact Information (phone number, address, email)
- Ombudsman Program Information
- Preparation for a Benefit Review Conference, Contested Case Hearing or Appeal
- Workers' Compensation Information: Benefits, Forms, Law, OIEC or DWC Rules, Bulletins
- Agency Resources: Publications/OIEC Announcements/Helpful Links
- File a complaint
- Other: _____

OIEC ASSISTANCE

3. How many times have you been in contact with OIEC by telephone or in person in the past 12 months?

- None
- 1-4 times
- 5-9 times
- 10 or more times

4. What was the purpose of your contact with OIEC? (check all applicable)

- General questions
- Workers' Compensation Information (Benefits, Forms, Law, OIEC or DWC Rules)
- Medical issues or dispute
- Preparation for a Benefit Review Conference, Contested Case Hearing or Appeal
- Attend a Benefit Review Conference or Contested Case Hearing
- File a complaint
- Other: _____

(Survey continued on Page 2)



Please rate your experience with OIEC and its employees in the following categories:

Quality of Service	Excellent	Good	Fair	Poor	N/A	Comments
Staff is courteous & helpful						
Staff is easily accessible						
Staff is knowledgeable						
Staff is responsive to concerns						
Staff provides references to other helpful resources						
Staff provided service in a timely manner						
Quality of Information	Excellent	Good	Fair	Poor	N/A	Comments
Information provided is accurate						
Information provided is helpful						
Information provided is well-organized and easy to understand						
Web Page	Excellent	Good	Fair	Poor	N/A	Comments
Website is user-friendly						
Information is current						
Links to other websites are helpful						
Overall Rating	Excellent	Good	Fair	Poor	N/A	Comments
How would you rate OIEC, overall?						

Who assisted you today? _____

Do you have any comments or suggestions to help us improve our services?

PERSONAL INFORMATION (OPTIONAL)

I am a/an: Injured Employee, Carrier, Other: _____

Name _____ Organization _____

Address _____ City, State Zip _____

Phone _____ Email _____

THANK YOU FOR YOUR TIME!