



July 2, 2012

Dear Claimant/Provider:

The Office of Workers' Compensation Programs (OWCP) administers four workers' compensation programs: the Federal Employees' Compensation Program, the Coal Mine Workers' Compensation Program, the Longshore and Harbor Workers' Compensation Program and the Energy Employees Occupational Illness Compensation program.

OWCP is committed to ensuring that we maintain a high standard of excellence in providing benefits and services to our constituents. As part of this commitment, OWCP is implementing an improved customer satisfaction survey for each of our four compensation programs. This survey process will be continuous in nature so we can monitor changes and trends in customer satisfaction. You have received this survey because of a recent interaction with our staff. Your participation in this Customer Satisfaction Survey is purely voluntary in nature; however, please know that your feedback is very important to OWCP as we seek to assess our service delivery and identify changes that can be made to improve the services we provide to you and others who rely on us. Please know that your answers will be confidential in nature, will have no impact upon your relationship with OWCP and its employees, and will in no way influence decisions on any claim you currently have or may have in the future with OWCP.

We anticipate the Customer Satisfaction Survey will take you no more than 8- 10 minutes to complete. We urge you to participate in this short survey so that your experience may be considered as we assess our service delivery. This survey is not intended to address the specific decisions that have been made on your current or previous claims with OWCP; rather the focus of the questions is on the quality of service that you received from our staff. Accordingly, in completing the survey, please consider your most recent interaction with the workers' compensation program that you engage with and provide your feedback on the level of professionalism and responsiveness you received from our staff.

To access the OWCP survey, click on the logo to the right.



If you received a paper version of the survey with this letter, you may send your completed survey to:

U.S. Department of Labor
200 Constitution Avenue, N.W.
Room S-3522
Attention: Customer Satisfaction Survey
Washington, D.C. 20210

We sincerely appreciate your time in completing this survey. We are committed to using your feedback to help identify areas where OWCP is providing high quality service as well as areas where we can improve service delivery in the future. Thank you for your consideration.

A handwritten signature in black ink, appearing to read "Gary A. Steinberg". The signature is fluid and cursive, with a large, sweeping flourish at the end.

Gary A. Steinberg
Acting Director