

**UNIVERSITY OF NOTRE DAME
WORKER'S COMPENSATION QUESTIONNAIRE AND EVALUATION**

Our records indicate that you recently received services under the University's Worker's Compensation Program. In our continuing effort to provide the best service to University employees, we would appreciate your comments regarding your worker's compensation experiences with Risk Management & Safety personnel. Your signature is optional and not required.

Please place a check mark in the box that best describes your experiences:

	Very Satisfied	Somewhat Satisfied	Not at all Satisfied	Does not apply
Courtesy and professionalism of the claims staff				
Our explanation of your coverage or benefits				
Our responsiveness to your questions about the program				
Timeliness of benefits paid to you				
Overall claim process				

Do you have any suggestions to improve your work environment that would prevent a similar injury or accident from occurring? Please provide suggestions below:

If you have any comments or suggestions that might help our approach in handling worker's compensation claims, please provide them here:

SIGNATURE OPTIONAL

Thank you for completing this form. Please return it in the enclosed self-addressed envelope.

**THE RISK MANAGEMENT & SAFETY DEPARTMENT AND STAFF
636 GRACE HALL**