

# INJURED WORKER SATISFACTION SURVEY



725 Boardman-Canfield Road, Suite A3 • Boardman, OH 44512  
 Phones: 330.259.0083 • Toll-free: 877.281.9821  
 Fax: 330.259.0095 • Toll-free: 877.283.0921

**PLEASE CIRCLE THE APPROPRIATE RESPONSE TO EACH QUESTION**

5 = *Very Satisfied*   4 = *Satisfied*   3 = *Average*   2 = *Dissatisfied*   1 = *Very Dissatisfied*   N/A = *Non-Applicable*

**Education**

Filing First Report of Injury (FROI).....	5	4	3	2	1	N/A
Locating BWC certified physicians.....	5	4	3	2	1	N/A
Transitional work and rehabilitation.....	5	4	3	2	1	N/A

**Reliability**

Information accurately supplied .....	5	4	3	2	1	N/A
Explanations understandable .....	5	4	3	2	1	N/A
Resolution to Problems:						
Follow through on actions.....	5	4	3	2	1	N/A
Accuracy of work.....	5	4	3	2	1	N/A
Efficient problem solving.....	5	4	3	2	1	N/A

**Responsiveness**

Ability to contact CompOne .....	5	4	3	2	1	N/A
Promptness of returned phone calls .....	5	4	3	2	1	N/A
Questions answered to your satisfaction .....	5	4	3	2	1	N/A
Authorized bills paid .....	5	4	3	2	1	N/A
Effort to provide appropriate early return to work .....	5	4	3	2	1	N/A
Overall CompOne service .....	5	4	3	2	1	N/A

**COMMENTS**

If you have questions or any concerns regarding a particular claim, please write down your claim # and any comments below.

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*Please complete the information below to assure everything is current and fax to 330.259.0094 or mail to CompOne • 725 Boardman-Canfield Rd., Suite A3 • Boardman, OH 44512*

Company Name: \_\_\_\_\_

DBA: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_