

# EMPLOYER 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*

1. Filing First Report of Injury (FROI) .....	5	4	3	2	1	N/A
2. Locating and directing injured worker to BWC certified physicians.....	5	4	3	2	1	N/A
3. Transitional work and rehabilitation execution .....	5	4	3	2	1	N/A
4. Effort to provide appropriate early return-to-work strategies .....	5	4	3	2	1	N/A

**Comments:**

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5. Information accurately supplied .....	5	4	3	2	1	N/A
6. Explanations understandable .....	5	4	3	2	1	N/A
7. 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

**Comments:**

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8. Ability to contact CompOne .....	5	4	3	2	1	N/A
9. Staff was courteous and knowledgeable .....	5	4	3	2	1	N/A
10. Promptness of returned phone calls .....	5	4	3	2	1	N/A
11. Questions answered to your satisfaction.....	5	4	3	2	1	N/A
12. Authorized bills paid on-time .....	5	4	3	2	1	N/A
13. Overall service .....	5	4	3	2	1	N/A

**Comments:**

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Do you plan on allowing us to serve your workers' compensation service needs in the future?    Yes    No

**If not, why?**

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**SUGGESTIONS TO HELP US IMPROVE OUR SERVICES**

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*Please complete the information and fax to 330.259.0094*

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

Contact Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_