

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

In our continuing effort to provide the best service to University employees, we would appreciate your comments regarding your worker's compensation experience.

Please check mark the satisfaction box next to the line that applies	Very Satisfied	Mostly Satisfied	Satisfied	Not Satisfied	Does Not Apply
Courtesy and professionalism of the claims staff					
Explanation of your coverage or benefits					
Responsiveness to your questions about the program.					
Timeliness of benefits paid to you in the event you had missed work days					
Overall care received at Notre Dame Wellness Ctr.					
Overall experience with JWF Specialty, the University's Third Party Administrator of claims.					

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

Signature (optional)

Printed Name (optional)

Thank you for completing the form. Please print the form and return it to our office.

**Risk Management & Safety
Attn: Eric Doland, Asst. Dir. Compliance Assurance
636 Grace Hall**