



GOVERNMENT OF THE DISTRICT OF COLUMBIA
Office of Risk Management

Return To Work (RTW) Program

Employee Satisfaction Survey

In an effort to better serve you, please complete the survey below. We value your feedback.

	Very Satisfied	Satisfied	Neither satisfied or dissatisfied	Dissatisfied	Very dissatisfied
1. The RTW coordinator explained his/her role and responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. My role and responsibilities for the Return to Work Program have been explained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I am satisfied with my RTW plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I have been involved in the development of my RTW plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I have been assisted to return to work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am satisfied with the medical care I received.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. My supervisor has been helpful in my return to work program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Those involved with my return to work have been polite and have responded in timely fashion.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Did you return to your original job? YES NO

10. What was the most helpful information or service provided to you? _____

11. What can the RTW Program do to better serve you? _____

Thank you for completing the survey.

Please return the survey to the **Return to Work Officer** via Fax, Email or Visit our office.

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Email: returntoworkprogram@dc.gov • (202) 727-8319(Fax)