

[Date]

[Claimant Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

Re: Workers Compensation Claim Satisfaction Survey

Claim Number: [Claim Number]

Date of Injury: [Date of Injury]

Dear [Claimant Name],

Our records indicate that your workers' compensation claim has recently been closed. At [Company Name], we are committed to providing high-quality service and support to our injured workers. We would appreciate it if you could take a few moments to share your experience with us.

Your feedback is vital in helping us improve our processes and better serve our employees in the future. Please complete the brief survey by clicking the link below or scanning the QR code provided:

**[Link to Online Survey]**

The survey covers the following areas:

- Timeliness of benefit payments
- Communication with your claims adjuster
- Quality of medical care received
- Overall clarity of the claims process

Your responses are confidential and will be used for quality improvement purposes only. If you have any immediate questions regarding your closed claim, please contact our Claims Department at [Phone Number].

Thank you for your time and for providing this valuable information.

Sincerely,

[Sender Name]

[Title]

[Company Name]