

[Date]

[Claimant Name]

[Address Line 1]

[Address Line 2]

Subject: Feedback Regarding Your Workers' Compensation Claim #[Claim Number]

Dear [Claimant Name],

Our records indicate that your workers' compensation claim has recently been closed or reached a significant milestone. At [Company Name], we are committed to providing efficient and supportive service to our employees during their recovery process.

We would appreciate it if you could take a few moments to complete a brief satisfaction survey regarding your experience. Your feedback helps us improve our claims handling process and ensure we are meeting the needs of our team members.

Please rate your experience on the following topics:

- The clarity of information provided at the start of your claim.
- The timeliness of benefit payments or medical authorizations.
- The responsiveness and professionalism of your claims adjuster.
- The overall support received during your return-to-work transition.

You can complete the survey by clicking the link below or by scanning the attached QR code:

[Click Here to Start the Survey](#)

Your responses are confidential and will be used solely for the purpose of service improvement.

Thank you for your time and for your continued contributions to [Company Name].

Sincerely,

[Sender Name]

[Title]

[Company Name]