

U. S. Office of Personnel Management
Washington, DC 20415
Ombudsman
Request for Assistance

Privacy Act Statement

5. U.S.C. 1103(a) allows for the collection of the information for the purpose of resolving issues of concerns or complaints regarding an agency. Information obtained will be used by the Ombudsman mainly to resolve issues of concern or complaints. Other routine uses include law enforcement purposes, litigation, records management inspections, and congressional inquiries. Providing this information is voluntary however, failure to furnish the requested information may delay or prevent the Ombudsman from assisting you with your request.

Public Burden Statement

The public reporting burden for this information collection is estimated to be 15 minutes. This burden estimate includes time for reviewing instructions, researching existing data sources, gathering and maintaining the needed data, and completing and submitting the information. Send comments regarding the accuracy of this burden estimate and any suggestions for reducing the burden to: U.S. Office of Personnel Management, Ombudsman, Attn: OMB Number (3208-NEW), 1900 E Street NW, Washington, DC 20415-7900. You are not required to respond to this collection of information unless a valid OMB control number is displayed.

REQUEST FOR INFORMATION

Date of Request:

*Assistance Request Type:

Assistance Request Other:

CONTACT INFORMATION

*First Name:

*Last Name:

M.I.:

*Email Address:

*Confirm Email Address:

*Phone: Must be 10 numbers in length (xxx-xxx-xxxx)

Phone ext:

Fax:

Fax ext:

Street Address:

City:

State:

Zip Code:

*Preferred Contact Method:

GENERAL INFORMATION

Are you a current Federal Employee?:

OPM 1747
May 2010

OMB Approval: 3206-NEW
Expiration: MM/DD/YEAR

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GENERAL INFORMATION (Continued)

*Are you a Retired Federal Employee?:

Yes

If yes, provide your CSA/CSF/CSI, etc. number:

CSA 1234567

Are you inquiring on the behalf/at the request of a Retired Federal Employee?:

Yes

If yes, provide their CSA/CSF/CSI, etc. number:

CSA 1234567

*Referred By:

(None)

1) *Overview of the issue(s):

2) *Action you took to resolve the issue(s):

3) *How can we help you?:

