Request for Approval under the
"Generic Clearance for the Collection of Routine Customer Feedback"
(OMB Control Number: 1615-0121, Expiration: 12/31/2014)

TITLE OF INFORMATION COLLECTION:
USCIS Local Office In-Person Customer Satisfaction Survey

PURPOSE:

USCIS Customer Service Directorate (CSD) requires customer satisfaction data to fulfill our performance reporting requirements. We utilize customer feedback to help prioritize our ongoing USCIS customer service development. USCIS is utilizing the services of a contractor to provide the survey services described below.

The purpose of this in-person survey is to determine the level of customer satisfaction of services customers received on the 800-Line, the USCIS Web site, the INFOPASS appointment scheduling system, and USCIS local offices.

A minimum of 80 surveys are completed per local office site per quarter. The survey contractor conducts in-person surveys at four (4) USCIS local offices identified by CSD annually.

Each completed in-person survey includes a minimum of 26 questions. Depending on the response to any of these 26 questions, up to 65 possible additional questions can be generated. The in-person survey instrument contains entry survey questions and exit survey questions. The entry survey questions are administered while customers are waiting for their initial INFOPASS appointments and the exit survey questions are administered after customers have completed their appointments. It is estimated that it takes approximately 14 minutes and 15 seconds on average to complete the in-person survey. The in-person survey is not mandatory and is conducted anonymously.

After the conclusion of each in-person survey, the survey contractor provides to CSD the survey results. We do not make survey results available to the public. This data is shared within USCIS. The survey results are used to help USCIS make informed decisions on further performance improvement measures for the NCSC 800-Line, the USCIS Web site, and the local office services. This data will help USCIS to identify top customer benefits, customer support needs, potential system issues, future design priorities, and other knowledge to better serve USCIS customers.

DESCRIPTION OF RESPONDENTS:

The respondents are USCIS customers who visit the selected local office site for an INFOPASS appointment. Customers are selected at random. The survey contractor approaches customers who are waiting for their INFOPASS appointment in the local office and invites them to participate in the in-person survey. The survey is conducted anonymously. Completion of the survey is optional. Upon completion of the entry survey questions, the customers are then invited to return to the survey contractor to complete the exit survey questions. A minimum of 80 in-person surveys are completed at each local office site.

TYPE OF COLLECTION: (Check one)

[ ] Customer Comment Card/Complaint Form   [X] Customer Satisfaction Survey
[ ] Usability Testing (e.g., Website or Software   [ ] Small Discussion Group
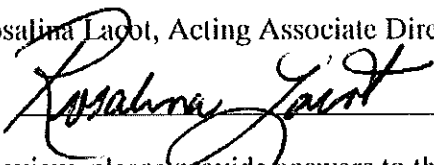[] Focus Group   [ ] Other:_____

CERTIFICATION:

I certify the following to be true:
1. The collection is voluntary.
2. The collection is low-burden for respondents and low-cost for the Federal Government.
3. The collection is non-controversial and does not raise issues of concern to other federal agencies.
4. The results are not intended to be disseminated to the public.
5. Information gathered will not be used for the purpose of substantially informing influential policy decisions.
6. The collection is targeted to the solicitation of opinions from respondents who have experience with the program or may have experience with the program in the future.

Name: Rosalina Lapot, Acting Associate Director, Customer Service Directorate

Signature: _____   Date: 5/1/12

To assist review, please provide answers to the following question:

Personally Identifiable Information:
1. Is personally identifiable information (PII) collected? [ ] Yes [X] No
2. If Yes, is the information that will be collected included in records that are subject to the Privacy Act of 1974? [ ] Yes [ ] No
3. If Applicable, has a System or Records Notice been published? [ ] Yes [ ] No

Gifts or Payments:
Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? [ ] Yes [X] No

BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden
(1) Individuals or Households	320	0.237 hours (14 min, 15 sec.)	75.84 hours

FEDERAL COST: The estimated annual cost to the Federal government is $144,000

If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:

The selection of your targeted respondents
1. Do you have a customer list or something similar that defines the universe of potential respondents and do you have a sampling plan for selecting from this universe?

[ ] Yes [X] No

If the answer is yes, please provide a description of both below (or attach the sampling plan)? If the answer is no, please provide a description of how you plan to identify your potential group of respondents and how you will select them?

Administration of the Instrument
1. How will you collect the information? (Check all that apply)
   [ ] Web-based or other forms of Social Media
   [ ] Telephone
   [X] In-person
   [ ] Mail
   [ ] Other, Explain
2. Will interviewers or facilitators be used? [X] Yes [ ] No

Please make sure that all instruments, instructions, and scripts are submitted with the request.

Instructions for completing Request for Approval under the "Generic Clearance for the Collection of Routine Customer Feedback"

TITLE OF INFORMATION COLLECTION: Provide the name of the collection that is the subject of the request. (e.g. Comment card for soliciting feedback on xxxx)

PURPOSE: Provide a brief description of the purpose of this collection and how it will be used. If this is part of a larger study or effort, please include this in your explanation.

DESCRIPTION OF RESPONDENTS: Provide a brief description of the targeted group or groups for this collection of information. These groups must have experience with the program.

TYPE OF COLLECTION: Check one box. If you are requesting approval of other instruments under the generic, you must complete a form for each instrument.

CERTIFICATION: Please read the certification carefully. If you incorrectly certify, the collection will be returned as improperly submitted or it will be disapproved.

Personally Identifiable Information: Provide answers to the questions.

Gifts or Payments: If you answer yes to the question, please describe the incentive and provide a justification for the amount.

BURDEN HOURS:
Category of Respondents: Identify who you expect the respondents to be in terms of the following categories: (1) Individuals or Households;(2) Private Sector; (3) State, local, or tribal governments; or (4) Federal Government. Only one type of respondent can be selected.
No. of Respondents: Provide an estimate of the number of respondents.
Participation Time: Provide an estimate of the amount of time required for a respondent to participate (e.g. fill out a survey or participate in a focus group)
Burden: Provide the annual burden hours: Multiply the number of responses and the participation time and divide by 60.

FEDERAL COST: Provide an estimate of the annual cost to the Federal government.

If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:

The selection of your targeted respondents. Please provide a description of how you plan to identify your potential group of respondents and how you will select them. If the answer is yes, to the first question, you may provide the sampling plan in an attachment.

Administration of the Instrument: Identify how the information will be collected. More than one box may be checked. Indicate whether there will be interviewers (e.g. for surveys) or facilitators (e.g., for focus groups) used.
Please make sure that all instruments, instructions, and scripts are submitted with the request.