Request for Approval under the "Generic Clearance for the Collection of Routine Customer Feedback" (OMB Control Number: 3090-0297)

TITLE OF INFORMATION COLLECTION:

General Services Administration (GSA) Personal Property Management Customer Experience Survey (Req-8)

PURPOSE:

Obtain data on our customer's satisfaction so that we can track the quality of our customer service and better address customer issues and complaints.

DESCRIPTION OF RESPONDENTS:

Members of the public who are looking to purchase property, have purchased property, or just have questions about property.

State Agency customers who request property.

Federal Agency customers who report and request property.

TYPE OF COLLECTION: (Check one)

[] Customer Comment Card/Complaint Form

[] Usability Testing (*e.g.*, Website or Software

[] Focus Group

[] Small Discussion Group

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 <u>not</u> 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 <u>substantially</u> 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: <u>Rebecca Kauffman</u>

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

[X] Customer Satisfaction Survey

[] Other:

Personally Identifiable Information:

1. Is personally identifiable information (PII) collected? [X] Yes [] No

-if the customer has a complaint, it is optional for them to give us their name and contact information so that we can address their issue.

2. If Yes, will any information that is collected be included in records that are subject to the Privacy Act of 1974? [] Yes [X] No

3.

4. If Yes, has an up-to-date System of Records Notice (SORN) 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

Category of	No. of Respondents	Participation	Burden
Respondent		Time	
Federal employee	50	.10	5 hrs
State employees	50	.10	5 hrs
Members of the public	100	.10	10 hrs
Totals	200		20 hrs

BURDEN HOURS

FEDERAL COST: The estimated annual cost to the Federal government is just the time of the employee who made the survey and monitors the results. The license for the surveying tool was provided for free from the Customer Accounts & Research Division of GSA. It is approximated that it will take this employee 1/2 hour a week, 26 hours a year to monitor this, costing \$780 in salary.

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?

The link to the survey will be available in every employees' email signature block, so any correspondence they have with customers via email will provide the customer with the opportunity to provide feedback. The survey is completely optional, and the customer will have the opportunity to respond to it as many times as they wish- every time they have a customer service experience if they so desire. This will allow us to better capture and address customer issues.

Administration of the Instrument

1. How will you collect the information? (Check all that apply)

[X] Web-based or other forms of Social Media

- [] Telephone
- [] In-person
- [] Mail
- [] Other, Explain

2. Will interviewers or facilitators be used? [] Yes [X] No

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