

**CONSUMER FINANCIAL PROTECTION BUREAU
REQUEST FOR APPROVAL UNDER THE GENERIC CLEARANCE
FOR CONSUMER COMPLAINT AND INFORMATION COLLECTION SYSTEM
(TESTING AND FEEDBACK)
(OMB Control Number: 3170-00XX)**

1. TITLE OF INFORMATION COLLECTION:

2. PURPOSE:

3. DESCRIPTION OF RESPONDENTS:

4. TYPE OF COLLECTION: (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Customer Satisfaction Survey | <input type="checkbox"/> Piloting Revisions to Consumer Complaint Form |
| <input type="checkbox"/> Focus group | <input type="checkbox"/> Usability or laboratory test (not in live system) |
| <input type="checkbox"/> Web-based | <input type="checkbox"/> Other (describe) _____ |

5. PERSONALLY IDENTIFIABLE INFORMATION:

- a. Is personally identifiable information (PII) collected? Yes No
- b. If Yes, is the information that will be collected included in records that are subject to the Privacy Act of 1974? Yes No Not Applicable
- c. If Applicable, has a System or Records Notice been published?
 Yes No Not Applicable
If yes, please provide Federal Register citation. __ FR _____.

6. GIFTS OR PAYMENTS:

Incentives will not be offered to respondents responding to the collections of information approved under this generic information collection plan.

7. BURDEN HOURS:

Category of Respondent	Number of Respondents	Participation Time	Burden
[Insert rows as needed]			
Totals			

8. FEDERAL COST: The estimated annual cost to the Federal government is \$ _____

9. DURATION OF TEST:

10. CERTIFICATION:

By submitting this document, the Bureau certifies the following to be true:

- ✓ The collection is voluntary.
- ✓ The collection is low-burden for respondents and low-cost for the Federal Government.
- ✓ The collection is non-controversial and does not raise issues of concern to other federal agencies.
- ✓ Information gathered will not be used solely for the purpose of substantially informing influential policy decisions.
- ✓ 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.
- ✓ The results will not be used to measure regulatory compliance or for program evaluation.
- ✓ Test questions will not exceed the durations specified herein and will only be made permanent through standard clearance procedures.

Instructions

- 1. 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)
- 2. 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.
- 3. 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.
- 4. TYPE OF COLLECTION:** Check all that apply. If you are requesting approval of other instruments under the generic, you must complete a form for each instrument.
- 5. PERSONALLY IDENTIFIABLE INFORMATION:** Provide answers to the questions. Any request that includes collecting information about individuals must be reviewed by the CFPB Privacy office prior to submission to OMB.
- 6. GIFTS OR PAYMENTS:** If you answer yes to the question, please describe the incentive and provide a justification for the amount.
- 7. 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. Please round to the nearest whole number.
- 8. FEDERAL COST:** Provide an estimate of the annual cost to the Federal government.
- 9. DURATION OF TEST:** Specify for how long and/or for how many response the test questions will be conducted (e.g., 3,000 responses and not to exceed 60 days).
- 10. CERTIFICATION:** Please read the certification carefully. If you incorrectly certify, the collection will be returned as improperly submitted or it will be disapproved.

Please make sure that all instruments, instructions, and scripts are submitted with the request; including, as applicable, a list of questions to be tested.