

**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:**

<b>Category of Respondent</b>	<b>Number of Respondents</b>	<b>Participation Time</b>	<b>Burden</b>
[Insert rows as needed]			
<b>Totals</b>			

**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.**