## Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 2900-0770)

**TITLE OF INFORMATION COLLECTION:** Feedback USA Button – Department of Veterans Affairs (VA)/Veterans Benefits Administration (VBA) Pilot Survey

**PURPOSE:** This is an OMB sponsored project managed by the General Services Administration (GSA). OMB and GSA are looking for partner agencies to pilot the Feedback USA Button– a simple tool to collect customer feedback and:

* Provide agencies with information needed to improve program delivery;
* Provide the Executive Branch with insight into best practices and areas to improve; and
* Provide the public with transparency around the quality of services provided.

We purpose to engage the public for feedback on their experience on services provided at our VA regional offices (ROs) that are aligned within the 5 District Offices.

For this survey, we will identify 2 ROs within each District Office to house the 10 kiosks. We will also use an optional website to garner public feedback. We will ask only one question at the kiosk. The kiosk is a simple electronic device with one question listed at the top of its screen. The respondent’s response is a series of four smiley-face emoticons. Respondents can opt to use a website in lieu of the kiosk. We will also ask only one question on the website with the same four smiley-face emoticon responses. However, in addition to the one question on the website, we will provide a free-form text box for any additional information respondents would like to provide on their own.

Survey Details

*Who will conduct the survey?* VA/VBA is working with GSA/VA.

*Where will we conduct the survey?* We will conduct the survey at 10 RO’s within the 5 District Offices. We purpose to install 2 kiosks at the 10 identified ROs that are aligned within District Offices. When a customer visits the participating RO to seek assistance for VA benefits or services, an employee within the Public Contact area will inform the customer of the option of providing feedback on his or her experience. The customer can voluntarily enter feedback by either using the onsite kiosk or go to a website (URL address provided by the VBA employee) to answer the same question with the additional option to provide free-form text on the website.

*When will we conduct the survey?* For one year beginning in December 2015.

**DESCRIPTION OF RESPONDENTS**: The respondents are members of the public who come to an RO to obtain information on VA benefits and services.

**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:  **Pamela Liverman, Assistant Director, Benefits Assistance Service**

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** (per month)

|  |  |  |  |
| --- | --- | --- | --- |
| **Category of Respondent** | **No. of Respondents** | **Participation Time**  **(Minutes)** | **Burden**  **(hours)** |
| Kiosk | 1,800 | 1 | 30 |
| Internet Website | 120 | 3 | 6 |
| **Totals** | **1,920** | **4** | **36** |

**FEDERAL COST:** The estimated annual cost to the Federal government is \_\_\_\_0\_\_\_\_\_\_\_\_

**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?

We plan to inform customers who come to an RO that they have the option to answer a one-question customer satisfaction survey via a kiosk in reference to their experience with the RO. They can also go to a specialized website to answer the question.

**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

[ X ] Other: Self standing kiosk

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

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

**Feedback USA Button Pilot**

The question(s) for the Department of Veterans Affairs, Veterans Benefits Administration

Customers will have the option of answering via four color-coded buttons with faces ranging from very unhappy to very happy. We are rotating several questions to possibly garner feedback; however, we will ask only one customer satisfaction survey question via a kiosk.

* How did we do today?
* How would you rate your experience today?
* How would you rate the quality of service you received?
  + F/u – What can we do to make it better (free form)

In addition, VBA will test the agency priority questions as noted below.

* I trust VA to fulfill our country’s commitment to Veterans.
* I got the service I needed.
* It was easy to get what I needed.
* I felt like a valued customer..

**PAPERWORK REDUCTION ACT STATEMENT**: This information collection meets the requirements of 44 U.S.C. § 3501-3521of the Paperwork Reduction Act of 1995. The Office of Management and Budget approval number for this information collection is 2900-0770. We estimated that it would take approximately 1minute for the kiosk question and 3 minutes to participate mobile for this survey. Send only comments on our time estimate to: Crystal Rennie, (005R1B), Department of Veterans Affairs, 810 Vermont Avenue NW, Washington, DC 20420. Please refer to “OMB Control No. 2900-0770” in any correspondence. .