

**Request for Approval under the “Generic Clearance for the Collection of
Qualitative Feedback on Agency Service Delivery”
(OMB Control Number: 3133-0188)**

TITLE OF INFORMATION COLLECTION: Interagency Appraisal Complaint Form

PURPOSE:

The Interagency Appraisal Complaint Form was developed jointly by NCUA, FDIC, and OCC for those who wish to file a formal, written complaint that an entity subject to the jurisdiction of one or more of the Agencies or the Federal Reserve Board has failed to comply with the appraisal independence standards or the Uniform Standards of Professional Appraisal Practice.

The form is designed to collect information necessary to take further action on a complaint from an appraiser, other individual, financial institution, or other entities. Each appropriate Agency or the Federal Reserve Board will use the information to take further action on the complaint to the extent it relates to an issue within its jurisdiction.

DESCRIPTION OF RESPONDENTS:

Appraisers, individuals, or other entities concerning the improper influencing or attempted improper influencing of appraisers or the appraisal process.

TYPE OF COLLECTION: (Check one)

- | | |
|--|---|
| <input checked="" type="checkbox"/> Customer Comment Card/Complaint Form | <input type="checkbox"/> Customer Satisfaction Survey |
| <input type="checkbox"/> Usability Testing (e.g., Website or Software) | <input type="checkbox"/> Small Discussion Group |
| <input type="checkbox"/> Focus Group | <input type="checkbox"/> 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: Tracy Crews

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

Personally Identifiable Information:

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

BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden
NCUA	300	0.5	150
Totals	300		150

FEDERAL COST: The estimated annual cost to the Federal government is 0 (zero dollars).

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 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
 - In-person
 - Mail
 - Other FAX
2. Will interviewers or facilitators be used? Yes No

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