## Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 1880-0542)

**TITLE OF INFORMATION COLLECTION:** AbleData Information Center Customer Satisfaction Survey

**PURPOSE:** To collect feedback on customer satisfaction with the effectiveness and timeliness of AbleData’s Information Center and to use this feedback to improve service delivery on a continuous basis.

**DESCRIPTION OF RESPONDENTS**: Customers who have contacted AbleData via phone or email seeking information about assistive technology products and resources and received services from staff information specialists.

**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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Personally Identifiable Information:**

1. Is personally identifiable information (PII) collected? [ X] 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 [ X ] 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**

|  |  |  |  |
| --- | --- | --- | --- |
| **Category of Respondent**  | **No. of Respondents** | **Participation Time** | **Burden** |
| Individuals or Households | 200 | 5 minutes | 17 hours |
|  |  |  |  |
| **Totals** | **200** | **5** | **17** |

**FEDERAL COST:** The estimated annual cost to the Federal government is \_\_\_\_\_\_\_\_\_$1500.00\_\_\_

**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?

[X ] 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?

When customers contact AbleData, after providing services, we will ask them if they are willing to receive a follow-up call/email to complete a customer satisfaction survey. We respond to an average of 200 calls/emails per month. We estimate no more than 20% of our customers will volunteer to participate. We will maintain a listing of their names and contact information (either phone or email, depending on their contact preference), the name of the staff member who helped them and the date of service. Approximately two weeks after the completion of their service, a staff member who did not provide the service will contact the customer. We will make a second attempt to contact customers who do not respond to the first request within a week to 10 days.

Customers who prefer to be contacted via email will receive an email with a link to the survey and complete it online. Customers who prefer to be called will be asked the same questions via telephone and a staff member will enter the customer’s responses in the same online survey.

**Administration of the Instrument**

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

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

[X ] Telephone

[ ] In-person

[ ] Mail

[ ] Other, Explain

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

For telephone customers only.

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

The survey instrument will be housed online, using Survey Monkey. See attached.

***Email Request:***

Thank you for your recent email inquiry to AbleData ([www.AbleData.com](http://www.AbleData.com)). At that time, you volunteered to answer our brief customer survey about your experience with us. Your opinion is very important to us. We will use your feedback to continuously improve our services. Your individual responses will be kept confidential.

The survey has four questions and will take approximately 3-5 minutes to complete. Please go to: <https://www.surveymonkey.com/s/KJNJTKL> to complete the survey.

Thank you for sharing your feedback. Please visit us again soon.

***Initial Call Request Script:***

Hello. This is <Surveyor’s Name> from AbleData. You recently contacted us. At the end of our call, you volunteered to participate in a follow-up survey about your experience with us. Is now a convenient time to talk?

[If no] try to schedule a phone appointment.

***Second Request:***

Hello. This is <insert Surveyor’s Name> from AbleData. A few weeks ago you agreed to answer a few questions about your experience with AbleData. Is now a convenient time to talk? It will only take about 5 minutes.

Your opinion is important to us. We will use your feedback to improve our services. The survey has four questions and will take only 3-5 minutes to complete.

Great, I will read the question and the response options and you can pick the option that best matches your opinion of your experience.

The first question is: “Did AbleData respond to your inquiry in a timely fashion?” You can answer yes or no.

[If no] Will you tell me why you feel this way?

Thank you.

The second question is: “How helpful was the information you received from AbleData?” You can answer: Very helpful, somewhat helpful, or not at all helpful.

[If not at all] Will you tell me why you feel this way?

Thank you.

The third question is: “Would you recommend AbleData to others?” You can answer: Yes, definitely, maybe, or no.

[If no] Will you please let me know why?

The last question is: Do you have any additional comments about your experience with AbleData?

Thank you for your time. We appreciate your feedback and we will use this to make our information services better. I hope you will contact us again.

## Instructions for completing Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback”

**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)

**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.

**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.

**TYPE OF COLLECTION:** Check one box. If you are requesting approval of other instruments under the generic, you must complete a form for each instrument.

**CERTIFICATION:** Please read the certification carefully. If you incorrectly certify, the collection will be returned as improperly submitted or it will be disapproved.

**Personally Identifiable Information:** Provide answers to the questions.

**Gifts or Payments:** If you answer yes to the question, please describe the incentive and provide a justification for the amount.

**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 and divide by 60.

**FEDERAL COST:** Provide an estimate of the annual cost to the Federal government.

**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.** Please provide a description of how you plan to identify your potential group of respondents and how you will select them. If the answer is yes, to the first question, you may provide the sampling plan in an attachment.

**Administration of the Instrument:** Identify how the information will be collected. More than one box may be checked. Indicate whether there will be interviewers (e.g. for surveys) or facilitators (e.g., for focus groups) used.

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