

# USPTO Ombudsman Survey 2014

## Welcome

PTO/AIA/31 Approved for use through XX/XX/XXXX

OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

**Welcome to the 2014 USPTO Ombudsman Survey. The survey is designed to measure your opinion about the services that we provide for you. The results from this voluntary survey will assist us in guiding improvements and enhancements in the future.**

**Your response to this survey will remain anonymous, and results will be viewed in aggregated format only. Questions about the survey should be directed to Dale Shaw via email ([Dale.Shaw@USPTO.GOV](mailto:Dale.Shaw@USPTO.GOV)).**

Under the Paperwork Reduction Act of 1995, persons are not required to respond to a collection of information unless it displays a valid OMB Control Number. This survey will gather feedback from customers who participate in the Ombudsman Program. The USPTO will use the data gathered to determine how best to improve the program. This survey is voluntary and all data collected will be confidential. The USPTO estimates that it will take respondents approximately 5 minutes (0.08 hours) to complete the survey, including the time to gather the information, complete the survey, and submit it electronically to the USPTO. The time may vary depending upon the circumstances of the individual respondent. If you have any comments or recommendations for reducing the length of this survey or on other aspects of this information collection, please send them to the United States Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.

## Demographics

### 1. Which is your position or role regarding inquiries with the USPTO Ombudsman Program?

- Applicant with representation
- Pro se applicant
- Attorney/agent
- Paralegal
- Other (please specify)

### 2. In the past 12 months, how many inquiries have you initiated with the Ombudsman Office? Please count all inquiries regardless of whether or not they have been closed out.

- None (Inquiries initiated prior to one year ago, My inquiry wasn't relevant to the Ombudsman Program, I did not contact the Ombudsman Office, etc.)
- One
- Two
- Three or more

## Ombudsman Specifics

### 1. Please indicate the Technology Field in which the majority of your inquiries were made:

- Biotech (TC 1600)
- Chemical (TC 1700)
- Electrical (TC 2100)
- Electrical (TC 2400)
- Electrical (TC 2600)
- Electrical (TC 2800)
- Electrical (Unsure of Specific TC)
- Mechanical (TC 3600)
- Mechanical (TC 3700)
- Mechanical (Unsure of Specific TC)
- Designs (TC 2900)
- General Ombudsman Inquiries

### 2. Please rate your satisfaction with the Ombudsman Program with regard to:

	Very Dissatisfied	Dissatisfied	Neither Dissatisfied nor Satisfied	Satisfied	Very Satisfied
Ease of use of the program for initiating an inquiry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Receiving prompt response after initial inquiry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to put you in contact with the right USPTO personnel responsible for facilitating your inquiry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Keeping you apprised of the status of your inquiry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timeliness to address issue (s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall satisfaction with the Ombudsman program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### 3. Were there any factors other than those listed in Question 2 above which decreased your overall satisfaction with the Ombudsman Program?

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**4. Were there any factors other than those listed in Question 2 above which increased your overall satisfaction with the Ombudsman Program?**

**5. How likely are you to recommend the Ombudsman Program?**

- Definitely Would Not     Probably Would Not     May or May Not     Probably Would     Definitely Would

**6. Over the past 12 months, has the effectiveness of the Ombudsman Program:**

- Significantly Declined  
 Slightly Declined  
 Stayed the Same  
 Slightly Improved  
 Significantly Improved  
 N/A: No basis to judge

**7. Please provide any comments you may have on how to improve the Ombudsman Program to more effectively meet your needs:**

## Thank you.

Thank you for participating in the survey. Clicking the "Done" button on this page will submit your response and close the browser window. Remember, your response is anonymous and results will be viewed in aggregate format only.