## **U.S. Department of the Interior**

**Office of the Special Trustee for American Indians (OST)**

**Beneficiaries Questionnaire**

### Introduction

Dear IIM Accountholder,

Please take a few moments to answer some questions regarding the quality of our services. Your response is voluntary but is very important to us. We will use the information to improve our services to you. No postage is required, simply fold and mail back in the return envelope provided. Thank you!

This is authorized under Office of Management and Budget Control Number 1090-0007, which expires May 31st, 2018.

### Background

The Office of the Special Trustee for American Indians (OST) was created to improve the accountability and management of Indian funds held in trust by the federal government. As trustee, OST as part of the Department of Interior has the primary fiduciary responsibility to manage both tribal trust funds and Individual Indian Money (IIM) accounts. You may know OST as the “IIM office” or the “IIM bank”. OST employees including the Fiduciary Trust Officers (FTO’s) are often co-located with the Bureau of Indian Affairs (BIA).

BACK1. When was the last time you visited or had contact with an Office of the Special Trustee for American Indians office?

|  |  |  |
| --- | --- | --- |
| Within the past week | 1 |  |
| Within the past month | 2 |  |
| Within the past six months | 3 |  |
| Within the past year | 4 |  |
| Over one year ago | 5 |  |
| No contact | 6 |  |

BACK2. How many times have you visited an OST office in the past year?

|  |  |  |
| --- | --- | --- |
| Once, this was my only visit | 1 |  |
| Two times | 2 |  |
| Three times | 3 |  |
| Four times | 4 |  |
| Five to ten times | 5 |  |
| More than ten times | 6 |  |

BACK3. Which office have you visited most recently? Please write in the office name below. (**Capture open-ended response)**

BACK4. What was the purpose of your most recent visit to an OST office? Please select all that apply.

|  |  |  |
| --- | --- | --- |
| To inquire about a check/direct deposit | 1 |  |
| To check on your trust fund account balance | 2 |  |
| To request a withdrawal from your trust fund account | 3 |  |
| To update your trust account information (e.g., change name, address, etc.) | 4 |  |
| Land buy back assistance | 5 |  |
| For other reasons (please specify) | 6 |  |

For each purpose you selected above, please rate this experience on a scale from 1 to 5 where 1 means “Poor” and 5 means “Excellent”.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Poor 1 | 2 | 3 | 4 | Excellent5 | Not Applicable / Don’t Know |
| EXPDEP | To inquire about a check/direct deposit |  |  |  |  |  |  |
| EXPBAL | To check on your trust fund account balance |  |  |  |  |  |  |
| EXPWDRW | To request a withdrawal from your trust fund account |  |  |  |  |  |  |
| EXPUPDT | To update your trust account information (e.g., change name, address, etc.) |  |  |  |  |  |  |
| EXPBUY | Land buy back assistance |  |  |  |  |  |  |
| EXPOTH | Other reasons  |  |  |  |  |  |  |

### OST Office Staff

Think about the staff you interacted with at the OST office you visited most recently. Using a scale where 1 means “Poor” and 5 means “Excellent” please rate the OST office staff on:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Poor 1 | 2 | 3 | 4 | Excellent 5 | Not Applicable / Don’t Know |
| STFPROF | Professionalism |  |  |  |  |  |  |
| STFCOURT | Courteousness |  |  |  |  |  |  |
| STFKNOW | Being knowledgeable |  |  |  |  |  |  |
| STFINFO | Providing accurate information |  |  |  |  |  |  |
| STFUNDR | Their ability to understand your situation |  |  |  |  |  |  |
| STFPRMPT | Serving you promptly upon your arrival |  |  |  |  |  |  |
| STFTIME | Answering your questions in a timely manner |  |  |  |  |  |  |

STAFF1. Was your issue or question fully addressed to resolution during your most recent OST office visit?

|  |  |  |
| --- | --- | --- |
| Yes | 1 |  |
| No | 2 |  |
| Don’t know | 3 |  |

### Customer Satisfaction Index

SATIS. Now, please consider all your experiences to date with the OST office you visited most recently. Using a scale where 1 means “Very Dissatisfied” and 10 means “Very Satisfied,” overall, how satisfied are you with this office?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Very Dissatisfied 1 | 2 | 3 | 4 | Very Satisfied 5 |

EXPECT. Using a scale where 1 now means “Falls Short of Your Expectations” and 10 means “Exceeds Your Expectations,” to what extent has this officefallen short of or exceeded your expectations?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Falls Short of Your Expectations 1 | 2 | 3 | 4 | Exceeds Your Expectations 5 |

IDEAL. Imagine what an ideal experience visiting a government agency’s office for customer service would be like. Using a scale where 1 means “Not Very Close to the Ideal” and 5 means “Very Close to the Ideal” how close did your visit to the OST office compare to this ideal government agency office visit for customer service?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Not Very Close to the Ideal 1 | 2 | 3 | 4 | Very Close to the Ideal 5 |

### Outcomes

REVISIT. Using a scale where 1 means “Not At All Likely” and 5 means “Very Likely,” how confident are you to visit this OST office again in the future?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Not At All Likely 1 | 2 | 3 | 4 | Very Likely 5 |

### CLOSE

RECO. Do you have any recommendations you would like to share regarding how OST might improve its office interactions? **(Capture open-ended response)**

COMMENT. Do you have any additional comments you would like to share? **(Capture open-ended response)**

Thank you for your time and participation. Your feedback is greatly appreciated.