**Exhibit A - Individual**

OMB Control #: 1090-0011

 Exp Date: 8/31/2018

Quality Service Survey/Questionnaire

Dear **Individual Indian Monies (IIM)** Account Holder:

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. No postage is required, simply fold, tape closed and mail. Thank you. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Jim D. James, Deputy Special Trustee for American Indians – Field Operations

1. Are you familiar with the functions and duties of the Office of the Special Trustee for American Indians (OST), of which the IIM staff are a part? ( ) Yes ( ) No

2. Have you visited or contacted: OST Agency Personnel ( ) Yes ( ) No

Beneficiary Call Center (1-888-678-6836)? ( ) Yes ( ) No

If OST Agency Personnel, please identify the Agency office:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. What was the purpose of your visit or contact?

( ) IIM trust account balance ( ) Withdrawal from your IIM account

( ) Update your IIM account information ( ) Probate, Will or Estate Planning information

( ) Land Buy Back Program information ( ) Financial Literacy Program

( ) For another reason; Please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Did you receive the service/ information you needed? ( ) Yes ( ) No; Please explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. How satisfied were you with the service you received?

( ) Very Satisfied ( ) Satisfied ( ) Neither Satisfied nor Unsatisfied ( ) Unsatisfied

( ) Very Unsatisfied

6. Other Comments: Please provide any recommendations to improve the OST’s services. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have any questions regarding this form or any other issue, please call the Beneficiary Call Center at 1-888-678-6836.

**Paperwork Reduction Act Statement:** This information is collected to gather qualitative data to determine the level of beneficiary knowledge regarding the Office of the Special Trustee (OST) services and the level of satisfaction those beneficiaries have with our service. It is estimated that responding to the request will take approximately 10 minutes to complete, including the time it takes to gather the information and fill out the survey. If you wish to provide comments about the Form, including the accuracy of the burden estimate and any suggestions for reducing the burden, please e-mail them to: Ronald\_Hunt@ost.doi.gov or call 505.816.1258. Note: It is our policy to make all comments available to the public for review. Before including Personally Identifiable Information (PII), such as your address, phone number, email address, or other personal information in your comment(s), you should be aware that your entire comment (including PII) may be made available to the public at any time. While you may ask us in your comment to withhold PII from public view, we cannot guarantee that we will be able to do so. In compliance with the Paperwork Reduction Act of 1995, as amended, the collection has been reviewed by the Office of Management and Budget (OMB). The collection has been assigned a control number and expiration date by OMB. The OMB Control Number and expiration date are located at the top right corner of the survey page Please note that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless a valid OMB control number appears on the face of the form.

**Exhibit B - Tribal**

OMB Control #: 1090-0011

Exp Date: 8/31/2018

Quality Service Survey/Questionnaire

Dear **Tribal** Leader:

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. No postage is required, simply fold, tape closed and mail. Thank you. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Jim D. James, Deputy Special Trustee for American Indians – Field Operations

1. Are you familiar with the functions and duties of the Office of the Special Trustee for American Indians (OST)? ( ) Yes ( ) No

2. Have you visited/contacted or been contacted by the following:

Agency Personnel ( ) Yes ( ) No Beneficiary Call Center (1-888-678-6836)? ( ) Yes ( ) No

Fiduciary Trust Officer - FTO ( ) Yes ( ) No

Regional Trust Administrator - RTA ( ) Yes ( ) No

If Agency Personnel and/or FTO please identify office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. What was the purpose of your visit or contact?

( ) Personal IIM trust account ( ) Tribes Trust Account

( ) Land Buy Back Program ( ) Financial Literacy Program

( ) For another reason; Please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Did you receive the service/information you needed? ( ) Yes ( ) No; Please explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. How satisfied were you with the service you received?

( ) Very Satisfied ( ) Satisfied ( ) Neither Satisfied nor Unsatisfied ( ) Unsatisfied ( ) Very Unsatisfied

6. Other Comments: Please provide any recommendations to improve the OST’s services. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have any questions regarding this form or any other issue, please call the Beneficiary Call Center at 1-888-678-6836.

**Paperwork Reduction Act Statement:** This information is collected to gather qualitative data to determine the level of beneficiary knowledge regarding the Office of the Special Trustee (OST) services and the level of satisfaction those beneficiaries have with our service. It is estimated that responding to the request will take approximately 10 minutes to complete, including the time it takes to gather the information and fill out the survey. If you wish to provide comments about the Form, including the accuracy of the burden estimate and any suggestions for reducing the burden, please e-mail them to: Ronald\_Hunt@ost.doi.gov or call 505.816.1258. Note: It is our policy to make all comments available to the public for review. Before including Personally Identifiable Information (PII), such as your address, phone number, email address, or other personal information in your comment(s), you should be aware that your entire comment (including PII) may be made available to the public at any time. While you may ask us in your comment to withhold PII from public view, we cannot guarantee that we will be able to do so. In compliance with the Paperwork Reduction Act of 1995, as amended, the collection has been reviewed by the Office of Management and Budget (OMB). The collection has been assigned a control number and expiration date by OMB. The OMB Control Number and expiration date are located at the top right corner of the survey page Please note that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless a valid OMB control number appears on the face of the form.