



U.S. Department of State

**REQUEST FOR APPROVAL UNDER THE "GENERIC CLEARANCE FOR THE COLLECTION OF ROUTINE CUSTOMER FEEDBACK" OMB CONTROL NUMBER: 1405-0193**

**Title of Information Collection** American Citizens Services Customer Service Satisfaction Survey

**Purpose**  
The purpose of this Survey is to assess the level of customer satisfaction and effectiveness of the customer service provided. The survey will provide U.S. diplomatic missions with the information necessary to evaluate performance and customer needs. The data also helps posts determine if updates/upgrades are needed to improve customer satisfaction.

**Description of Respondents**  
The respondents are the public that travel to the U.S. Diplomatic Mission to receive consular services or a benefit.

**Type of Collection:** (Check one)  
 Customer Comment Card/Complaint Form  
 Usability Testing (e.g., Web site or Software)  
 Focus Group  
 Customer Satisfaction Survey  
 Small Discussion 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 (Last, First, MI)			Title
Rivers	Derek	A	Program Analyst, CA/OCS

Signature Rivers, Derek A Date (mm-dd-yyyy) 04-16-2014

**TO ASSIST REVIEW, PLEASE PROVIDE ANSWERS TO THE FOLLOWING QUESTIONS.**

**Personally Identifiable Information**

1. Is personally identifiable information (PII) collected?  Yes  No  
 a. If Yes, is the information that will be collected included in records that are subject to the Privacy Act of 1974?  Yes  No  
 2. If Applicable, has a System of 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	Number of Respondents	Participation Time (Minutes)	Burden Hours
Private Sector	64,000	5	5,333.00
Totals	64,000	5	5,333.00

**FEDERAL COST**

The estimated annual cost to the Federal government is \$443,500.00

**IF YOU ARE CONDUCTING A FOCUS GROUP, SURVEY, OR PLAN TO EMPLOY STATISTICAL METHODS, 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.

The customer list that defines the universe of potential respondents are the people who come to the U.S. diplomatic mission to obtain a benefit or service from the consular representatives at the U.S. diplomatic mission. The sampling plan for choosing the respondents to complete the survey is the list of people who have set up appointments to come to the U.S. diplomatic mission to obtain a service or benefit.

**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, Explain Surveys will be distributed after the conclusion of the interviews and depending on the post, are available on posts' websites to be printed out and completed. Applicants will be able to submit by mail, fax or in person.

2. Will interviewers or facilitators be used?  Yes  No

**PLEASE MAKE SURE THAT ALL INSTRUMENTS, INSTRUCTIONS, AND SCRIPTS ARE SUBMITTED WITH THE REQUEST.**

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FOR THE COLLECTION OF ROUTINE CUSTOMER FEEDBACK"  
OMB CONTROL NUMBER: 1405-0193  
INSTRUCTIONS**

**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.

**Number 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 by the participation time, and then 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.**