



U.S. Department of State

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

<b>Title of Information Collection</b>		Consular Services: Immigrant Visa Applicant Satisfaction Survey	
<b>Purpose</b>			
<p>The Bureau of Consular Affairs (CA) desires to assess immigrant visa applicant satisfaction with a number of operational issues related to processing of immigrant visas at approximately 200 consular sections overseas. CA currently processes approximately 450,000 immigrant visas per year. To achieve good customer service and make appropriate use of scarce resources, CA would specifically appreciate feedback from immigrant visa applicants on the quality of our visa information, the accessibility of that information, the convenience of our appointment systems, and the professionalism of consular personnel.</p> <p>CA intends to use software to aggregate survey responses to facilitate the identification and analysis of global trends as well as provide each post the views of local respondents.</p>			
<b>Description of Respondents</b>			
<p>Respondents are foreign nationals who have applied for an immigrant visa. Respondents may also be the parent or guardian of a minor who is seeking an immigrant visa. In such cases, the respondent could be a U.S. citizen, Legal Permanent Resident, or foreign national.</p>			
<b>Type of Collection: (Check one)</b>			
<input type="checkbox"/> Customer Comment Card/Complaint Form	<input checked="" type="checkbox"/> Customer Satisfaction Survey		
<input type="checkbox"/> Usability Testing (e.g., Web site or Software)	<input type="checkbox"/> Small Discussion Group		
<input type="checkbox"/> Focus Group	<input type="checkbox"/> Other _____		
<b>Certification</b>			
<p>I certify the following to be true:</p> <ol style="list-style-type: none"> <li>1. The collection is voluntary.</li> <li>2. The collection is low-burden for respondents and low-cost for the Federal government.</li> <li>3. The collection is non-controversial and does <u>not</u> raise issues of concern to other Federal agencies.</li> <li>4. The results are <u>not</u> intended to be disseminated to the public.</li> <li>5. Information gathered will not be used for the purpose of <u>substantially</u> informing <u>influential</u> policy decisions.</li> <li>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.</li> </ol>			
Name (Last, First, MI)			Title
Barry	Catherine	M	Special Advisor, CA/EX
Signer Email Address			Date (mm-dd-yyyy)
<input style="width: 100%; height: 20px;" type="text"/>		06-25-2015	

**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
Individuals or Households	10,000	3	500.00
Totals	10,000	3	500.00

**FEDERAL COST**

The estimated annual cost to the Federal government is \$8,000.00

**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 survey would be provided to applicants who are applying for an immigrant visa. To complete an application, each applicant must personally visit a U.S. consular office overseas and be interviewed by a consular officer.

CA would like to use survey software and electronic media as much as possible in order to survey customer satisfaction without putting a burden on scarce resources. Past surveys indicated that applicants are more likely to respond to a survey if they can do so while waiting for the required interview with a consular officer. In those offices located in countries where applicants are likely to have internet access whether through computers or smart phones, we will provide them the url or QR code for the survey when they appear in the waiting room. Applicants may thus take the survey while waiting, or they may do so later at their home or office. In our posts located in lesser developed countries, we would ask applicants to fill out a paper-based survey and drop it in a box before leaving the waiting room.

CA will ask a selection among our immigrant visa processing posts to participate in the survey effort to help assess the utility of the survey methods. In CY 2015, we would only use the survey form in English. Among our high volume posts where English is common would be: Manila, Guangzhou, Mumbai, New Delhi, Kingston, Islamabad, Addis, & Accra. Based on FY2014 workload numbers, this could be a maximum number of respondents of 53,000 for the last quarter of CY 2015. As a minimum, we could ask these posts to make the survey available at least during 3 weeks of the last quarter of CY 2015. This would mean the minimum number of potential respondents could be approximately 15,000.

In approximately one year, we will examine respondents' participation rate under different circumstances as well as try to identify global trends. We will then prepare a new sampling plan for immigrant visa applicants.

**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

2. Will interviewers or facilitators be used?  Yes  No

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

U.S. Department of State

**REQUEST FOR APPROVAL UNDER THE "GENERIC CLEARANCE  
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.**