

Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: XXXX-YYYY)

SUBCOMPONENT:

Office of the Chief Information Officer (OCIO), Office of Justice Programs (OJP), U.S. Department of Justice (DOJ)

TITLE OF INFORMATION COLLECTION:

Office of Justice Programs Service Desk Customer Satisfaction Survey

PURPOSE:

The purpose of this collection is to gather customer satisfaction information from users of the Office of Justice Programs Service Desks in order to continually enhance and improve future customer experience and the overall operating efficiencies of the Service Desks.

DESCRIPTION OF RESPONDENTS:

The respondents consist of Federal, State, Local, and/or Tribal government staff that are either grantees, applicants, administrators, and/or support staff of the Office of Justice Programs systems and have contacted an OJP IT Service Desk for assistance.

TYPE OF COLLECTION: (Check one)

- | | |
|--|--|
| <input type="checkbox"/> Customer Comment Card/Complaint Form | <input checked="" type="checkbox"/> Customer Satisfaction Survey |
| <input type="checkbox"/> Usability Testing (e.g., Website or Software) | <input type="checkbox"/> Small Discussion Group |
| <input type="checkbox"/> Focus Group | <input type="checkbox"/> 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: Roger Castillo

To assist review, please provide answers to the following question:

Personally Identifiable Information:

1. Is personally identifiable information (PII) collected? [] Yes [X] No
2. If Yes, will any information that is collected be included in records that are subject to the Privacy Act of 1974? [] Yes [X] No
3. If Yes, has an up-to-date System of Records Notice (SORN) been published? [] Yes [X] No

Gifts or Payments:

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? [] Yes [X] No

BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden
State, Local, Tribal	58,800	30 Seconds	980
Federal Government	1,200	30 Seconds	100
Totals	60,000		1,080

Estimated Annual Reporting Burden				
Type of Collection	No. of Respondents	Annual Frequency per Response	Hours per Response	Total Hours
State, Local, Tribal	58,800	2	.83% (30 Seconds)	980
Federal Government	1,200	10	.83% (30 Seconds)	100

FEDERAL COST: The estimated annual cost to the Federal government is: \$7,600.00.

These costs are comprised of:

Initial Implementation = \$1,600 (est. 20 Hours x \$80/Hour (Avg CLIN Rate for an Application Programmer))
Annual Operations & Maintenance = \$6,000 (est. 120 Hours x \$50/Hour (Avg CLIN Rate for an Help Desk Specialist))

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

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 universe of potential respondents consists of authorized users of Office of Justice Programs IT systems.

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

Example of Collection Instrument:



Safe, Just and Engaged Communities

Office of Justice Programs Service Desk Customer Satisfaction Survey

Please help us improve our services by answering the five following questions.

1. Was the associate professional and courteous?

- 5 = Very Satisfied
- 4 = Satisfied
- 3 = Neutral
- 2 = Dissatisfied
- 1 = Very Dissatisfied

2. Did the associate demonstrate sufficient technical knowledge while addressing your request?

- 5 = Very Satisfied
- 4 = Satisfied
- 3 = Neutral
- 2 = Dissatisfied
- 1 = Very Dissatisfied

3. Was the service provided in a timely manner?

- 5 = Very Satisfied
- 4 = Satisfied
- 3 = Neutral
- 2 = Dissatisfied
- 1 = Very Dissatisfied

4. How satisfied were you with the quality of service provided?

- 5 = Very Satisfied
- 4 = Satisfied
- 3 = Neutral
- 2 = Dissatisfied
- 1 = Very Dissatisfied

5. How was your overall experience with the OJP IT Service Desk?

- 5 = Very Satisfied
- 4 = Satisfied
- 3 = Neutral
- 2 = Dissatisfied
- 1 = Very Dissatisfied

Submit

Reset



U.S. Department of Justice, Office of Justice Programs, 810 7th Street, NW, Washington, DC 20531



Bureau of Justice Assistance • Bureau of Justice Statistics • National Institute of Justice • Office of Juvenile Justice & Delinquency Prevention • Office of Victims of Crime
Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, & Tracking • Equal Employment Opportunity Office • Office of Administration • Office of Audit, Assessment, & Management
Office of the Chief Financial Officer • Office of the Chief Information Officer • Office for Civil Rights • Office of the General Counsel • Office of Communications

Instructions for completing Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback”

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. Note: Agencies should only collect PII to the extent necessary, and they should only retain PII for the period of time that is necessary to achieve a specific objective.

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 per row.

No. 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 and the participation time and 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.

Submit all instruments, instructions, and scripts are submitted with the request.