

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

SUBCOMPONENT:

TITLE OF INFORMATION COLLECTION:

[Messages to the Department of Justice](#)

[Messages to DOJ Webmaster](#)

[Comments on the OVW Website](#)

PURPOSE:

These forms are a means by which the public can send comments or questions to the Department of Justice as required by [OMB Memo M-17-06](#) (see #2 Use Analytics and User Feedback...).

Until recently, the public was sent to email addresses when they had questions or comments (askdoj@usdoj.gov or webmaster@usdoj.gov) but those emails were receiving so much spam that it was difficult to separate the legitimate emails from the spam. These brief forms, which submit information to the same email addresses, were a way to cut down on the spam while still providing the public with a means for communicating with the Department.

Note that OPCL has reviewed the forms and privacy language is provided on each.

DESCRIPTION OF RESPONDENTS: Anyone viewing the Department of Justice websites who wishes to comment on the website or the Department in general. The forms are also used by individuals who have specific questions for the Department.

TYPE OF COLLECTION: (Check one)

Customer Comment Card/Complaint Form

Usability Testing (e.g., Website 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: _____ Cathy Flanagan

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 [] No
3. If Yes, has an up-to-date System of Records Notice (SORN) been published? [] Yes [] 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
Individuals (general public)	50/day	30 seconds	
Totals			

Estimated Annual Reporting Burden				
Type of Collection	No. of Respondents	Annual Frequency per Response	Hours per Response	Total Hours
[Insert Type]	[Insert #]	[Insert #]	[Insert #]	[Insert #]
[Insert Type]	[Insert #]	[Insert #]	[Insert #]	[Insert #]
[Insert Type]	[Insert #]	[Insert #]	[Insert #]	[Insert #]

FEDERAL COST: The estimated annual cost to the Federal government is _____ .

These costs are comprised of: [Provide an estimate of applicable costs, such as operational expenses (e.g., equipment, overhead, printing, postage and support staff), contractor payments and any other expense that is necessary to collect the information approved under this generic clearance.]

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?

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.

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.