

**Request for Approval under the “DOL Departmental Generic Clearance for  
the Collection of Routine Customer Feedback”  
(OMB Control Number: 1225-0088)**

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**TITLE OF INFORMATION COLLECTION:** Ombuds Referral Form and Satisfaction Survey

**PURPOSE:** The U.S. Department of Labor’s (DOL) Office of Federal Contract Compliance Programs (OFCCP) administers and enforces three equal employment opportunity laws: Executive Order 11246, as amended; Section 503 of the Rehabilitation Act of 1973, as amended (Section 503); and the Vietnam Era Veterans’ Readjustment Assistance Act of 1974, as amended. These laws prohibit covered federal contractors and subcontractors (hereafter collectively referred to as “contractors”) from discriminating based on race, color, religion, sex, sexual orientation, gender identity, national origin, disability, or status as a protected veteran. Additionally, contractors are prohibited from taking adverse employment actions against applicants and employees for asking about, discussing, or sharing information about their pay or the pay of their co-workers, subject to certain limitations.

OFCCP runs an Ombuds program, which works with a variety of OFCCP stakeholders nationwide, including federal contractors and subcontractors, contractor representatives, industry groups, law firms, complainants, worker rights organizations, and current and potential employees of federal contractors and subcontractors. The ombudsman provides assurance to contractors and other stakeholders that OFCCP is treating them fairly. OFCCP seeks approval for an Ombuds referral form to collect stakeholder questions and comments, as well as an evaluation form to gauge customer satisfaction with the Ombuds program.

**DESCRIPTION OF RESPONDENTS:** Respondents will be federal contractors and subcontractors or their representatives.

**TYPE OF COLLECTION:** (Check one)

- |  |  |
|--|--|
| <input checked="" 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: \_\_\_\_\_ Christopher Seely\_\_\_\_\_

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

**Personally Identifiable Information:**

- 1. Is personally identifiable information (PII) collected?  Yes  No
- 2. If Yes, is the information that will be collected included in records that are subject to the Privacy Act of 1974?  Yes  No
- 3. If Applicable, has a System or 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	No. of Respondents	Participation Time (in minutes)	Burden (in hours)
Contractors - Referral Form	50	10 mins	8.5
Contractors - Evaluation Form	50	10 mins	8.5
<b>Totals</b>	<b>100</b>	---	<b>17 hours</b>

*Note: Table reflects the Estimated Annualized Respondent Burden Hours*

**FEDERAL COST:** The estimated annual cost to the Federal government is     \$3,761    

**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?

Respondents will voluntarily contact the ombudsman. The respondent universe will be made of those who are federal contractors or subcontractors.

**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