OFFICE OF THE OMBUDSMAN CUSTOMER SATISFACTION SURVEY

BURDEN STATEMENT

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to, the Paper Reduction Act Clearance Officer, Legal Division, Federal Deposit Insurance Corporation, 550 17th St. NW, Washington, D.C. 20429; and to the Office of Management and Budget, Paperwork Reduction Project (3064-0127), Washington, D.C. 20503. An agency may not conduct or sponsor, and a person is not required to respond to, a collection unless it displays a currently valid OMB control.

INSTRUCTIONS: Please respond to the following questions regarding your recent contact by a representative from the FDIC's Office of the Ombudsman. Completing the questions will help us evaluate and improve our services. Your responses will be kept confidential.

Survey Completion 100%

Next page

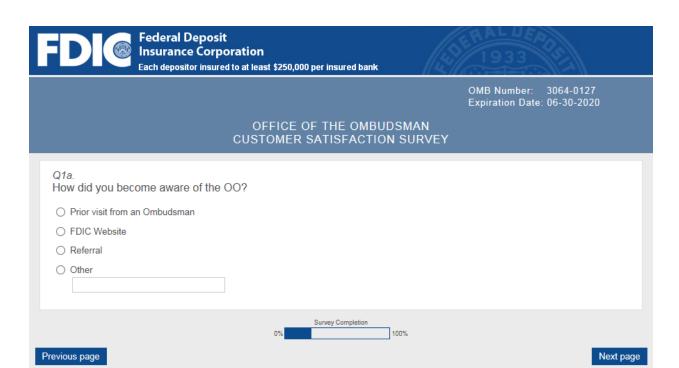
FDIC 8200/04 (2-17)
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FD	Federal Deposit Insurance Corporation Each depositor insured to at least \$250,000 per insured bank
	Each depositor insured to at least \$250,000 per insured bank

OMB Number: 3064-0127 Expiration Date: 06-30-2020

	OFFICE OF THE OMBUDSMAN CUSTOMER SATISFACTION SURVEY	
	Q1. Were you aware of the FDIC's Office of the Ombudsman prior to being contacted by its representative? O Yes No	
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OFFICE OF THE OMBUDSMAN CUSTOMER SATISFACTION SURVEY

Q2.				
Please rate the effectiveness communicating these areas.	of the Office of the	Ombudsman represer	ntative who recently cont	acted you in
	Very Effective	Mostly Effective	Mostly Ineffective	Very Ineffective
Describing Services Offered by the OO	0	0	0	0
Explaining the OO role as a neutral, confidential, and independent party assisting you with any problems/issues you may have with the Federal Deposit Insurance Corporation	0	0	0	0
Q3. Please rate the Office of the C marking the appropriate respon		entative who contacted	you on each of the fo	llowing areas by
	Very Good	Good	Poor	Very Poor
Being knowledgeable about the functions of the Federal Deposit Insurance Corporation	0	0	0	0
Acting in a professional manner	0	0	0	0
C 8200/04 (2-17) ey Powered By <u>Qualtrics</u>				
Federal Dep Insurance Co Each depositor in	oosit orporation sured to at least \$250,00	00 per insured bank	1933	EPOIT
			OMB Numbe Expiration D	er: 3064-0127 Date: 06-30-2020
		OF THE OMBUDSM SATISFACTION SU		
Q4. Have you ever used the service Yes No	ces of the Office of t	the Ombudsman?		
	0%	Survey Completion		

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	CUSTOMER SATISFACTION SURVEY
	Q4a. Approximately how long ago did you use the services of the Office of the Ombudsman?
	○ Less than one year
	One to three years
	○ Greater than three years
	Q4b. How effective were the services provided?
	O Very Effective
	O Mostly Effective
	Mostly Ineffective
	○ Very Ineffective
	Survey Completion 0% 100%
F	Previous page Next page
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CUSTOMER SATISFACTION SURVEY
Q4c. Why were the services not effective?
Q5. Should the need arise, I would use the services of the Office of the Ombudsman.
○ Agree○ Disagree
Survey Completion 0% 100%
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