



Federal Deposit Insurance Corporation

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

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.



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FDIC 8200/04 (2-17)
Survey Powered By [Qualtrics](#)



Federal Deposit Insurance Corporation

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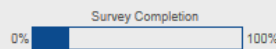


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Q1.
Were you aware of the FDIC's Office of the Ombudsman prior to being contacted by its representative?

- Yes
- No



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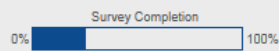


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Q1a.

How did you become aware of the OO?

- Prior visit from an Ombudsman
- FDIC Website
- Referral
- Other



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Q2.

Please rate the effectiveness of the Office of the Ombudsman representative who recently contacted you in communicating these areas.

	Very Effective	Mostly Effective	Mostly Ineffective	Very Ineffective
Describing Services Offered by the OO	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q3.

Please rate the Office of the Ombudsman representative who contacted you on each of the following areas by marking the appropriate response category.

	Very Good	Good	Poor	Very Poor
Being knowledgeable about the functions of the Federal Deposit Insurance Corporation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acting in a professional manner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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Q4.

Have you ever used the services of the Office of the Ombudsman?

- Yes
- No



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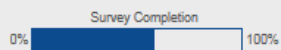
Q4a. Approximately how long ago did you use the services of the Office of the Ombudsman?

- Less than one year
- One to three years
- Greater than three years

Q4b.

How effective were the services provided?

- Very Effective
- Mostly Effective
- Mostly Ineffective
- Very Ineffective



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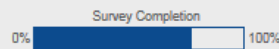
Q4c.

Why were the services not effective?

Q5.

Should the need arise, I would use the services of the Office of the Ombudsman.

- Agree
- Disagree



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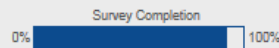
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Q6.

Please use the space below to expand on any of your survey responses or provide additional comments about your experience during the contact with the Office of the Ombudsman.



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[Submit survey](#)

