

Investigator Integrity Questionnaire

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| Interviewee's Name: | Date of Interview: | Special Investigator's Name: | Subject's Name: | Case Number: |
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Instructions: The Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF). Personnel Security Branch, routinely conducts quality reviews of its Special Investigator's performance in an effort to measure their level of effectiveness, efficiency, and professionalism while conducting ATF background investigation. Please assist us in this quality review by responding to the below questions relating to your recent interview with the above-named ATF Special Investigator and return this completed questionnaire in the enclosed postage paid, return-addressed envelope.

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|---|------------------------------------|--|
| 1. What type of interview was conducted? | <input type="checkbox"/> In Person | <input type="checkbox"/> Telephonic |
| 2. If an in person interview, did the Special Investigator contact you in advance to schedule an appointment for the interview? | <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 3. If a telephonic interview, was it at your request? | <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 4. Did the Special Investigator inform you that the subject of the investigation has a right under the Privacy Act to obtain a copy of the report of investigation, which would include your name and a summary of your comments? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Did the Special Investigator identify himself/herself as working on behalf of the Federal Government and provide identification? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Did the Special Investigator explain the purpose of the interview to your satisfaction? <i>(If no, please explain)</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. During the interview, did the Special Investigator ask clear, appropriate questions that related to the purpose of the interview? <i>(If no, please explain)</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. When asking questions, did the Special Investigator allow you to fully respond? <i>(If no, please explain)</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Did the Special Investigator appear to take notes and remain attentive during the interview? <i>(If no, please explain)</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Did the Special Investigator maintain a professional demeanor during the entire interview? <i>(If no, please explain)</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Was the Special Investigator neatly dressed, well-groomed, and professional in appearance? <i>(If no, please explain)</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Was there a need for the Special Investigator to contact you after the initial interview? <i>(If yes, please respond to a. and b. below)</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| a. Number of times re-contacted _____ | | |
| b. Reason(s) for the follow-up contacts _____ | | |

Thank you for taking time to complete this questionnaire. If you would care to further discuss any of the preceding questions in more detail, please provide your telephone number and /or e-mail address below so that an ATF representative may contact you.

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| Telephone Number: | E-mail Address: |
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Paperwork Reduction Act

The information requested on this form is in accordance with the Paperwork Reduction Act of 1995. The information collected is used to evaluate the effectiveness, efficiency, and professionalism of ATF Special Investigators while they conduct background investigations. The information provided is voluntary. The estimated average burden associated with this collection of information is 5 minutes per respondent, depending on the individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing it should be addressed to the Report Management Officer, Document Services, Bureau of Alcohol, Tobacco, Firearms and Explosives, Washington, DC 20226.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Privacy Act Statement

Solicitation of this information is made pursuant to Executive Orders 19450 and 12968. This information will be used to evaluate the effectiveness, efficiency, and professionalism of ATF Special Investigators who conduct background investigations. The information provided is voluntary and your failure to respond to this solicitation will have no bearing upon the adjudication of the security matter under consideration.