

# Bureau of Consumer Financial Protection

## Customer Experience Survey #1

### CEE: Pre-Event Survey

Purpose: Measure customer needs and concerns before an event occurs.

#### Privacy Notice

The information you provide through your responses to the Bureau of Consumer Financial Protection (“Bureau”) will be used to evaluate any pre-event needs by the Consumer Education and Engagement Division.

The Bureau will not collect any personally identifiable information from you.

Participation in this survey is voluntary.

#### Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and not withstanding any other provision of law a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The OMB control number for this collection is 3170-0024. It expires on 11/30/2018. The time required to complete this information collection is estimated to average approximately 3 minutes per response. Comments regarding this collection of information, including the estimated response time, suggestions for improving the usefulness of the information, or suggestions for reducing the burden to respond to this collection should be submitted to the Bureau of Consumer Financial Protection (Attention: PRA Office), 1700 G Street NW, Washington, DC 20552, or by email to [CFPB\\_PRA@cfpb.gov](mailto:CFPB_PRA@cfpb.gov).

Question	Answer Options
1. Please let us know where you work.	Part 1 - <i>[Department / Org / Sector / Etc.]</i> (drop down menu ▼ or open field) Part 2 - <i>[Sub-category. Ex. Local gov]</i> (drop down menu ▼ or open field)
2. What are you hoping to get out of the event? (click all that apply)	<input type="checkbox"/> <i>[TOPIC / SUBJECT AREA 1]</i> <input type="checkbox"/> <i>[TOPIC / SUBJECT AREA 2]</i> <input type="checkbox"/> Etc. <input type="checkbox"/> Other (Open Ended)

3. How confident do you feel in your knowledge of [SUBJECT MATTER]?	<input type="checkbox"/> Not at all <input type="checkbox"/> Slightly <input type="checkbox"/> Moderately <input type="checkbox"/> Very <input type="checkbox"/> Extremely
4. How do you feel about the location of the event?	<input type="checkbox"/> Very dissatisfied <input type="checkbox"/> Somewhat dissatisfied <input type="checkbox"/> Neither satisfied nor dissatisfied <input type="checkbox"/> Somewhat satisfied <input type="checkbox"/> Very satisfied

**Important note about Open-Ended questions:**

*Please do not share any Personally Identifiable Information (PII), including, but not limited to, your name, address, phone number, email address, Social Security number, etc.*

5. How did you hear about this event?	<input type="checkbox"/> Direct email from a friend/colleague <input type="checkbox"/> Email listserv <input type="checkbox"/> Flyer <input type="checkbox"/> Social media <input type="checkbox"/> Website <input type="checkbox"/> Word of mouth <input type="checkbox"/> Other: (open field)
6. Do you have any accessibility needs we can help with?	<input type="checkbox"/> No <input type="checkbox"/> Yes (with open text field)
7. How can we make [EVENT] valuable to you?	Open-ended
8. What should we do to ensure this event [MEETS YOUR NEEDS / IS A SUCCESS]?	Open-ended

Thank you for helping us improve our services.

# **Bureau of Consumer Financial Protection**

## **Customer Experience Survey #2**

### **CEE: Post-Event Survey**

Purpose: Measure customer satisfaction after Bureau events and trainings.

#### **Privacy Act Statement**

#### **5 U.S.C. 552a(e)(3)**

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The Bureau may collect your email address.

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This collection of information is authorized by Pub. L. No. 111-203, Title X, Sections 1013 and 1022, codified at 12 U.S.C. §§ 5493 and 5512.

Participation in this survey is voluntary.

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Question	Answer Options
1. Please let us know where you work.	Part 1 - [Department / Org / Sector / Etc.] (drop down menu ▼ or open field) Part 2 - [Sub-category. Ex. Local gov] (drop down menu ▼ or open field)
2. Overall, how would you rate your satisfaction with this event?	<input type="checkbox"/> Very dissatisfied <input type="checkbox"/> Somewhat dissatisfied <input type="checkbox"/> Neither satisfied nor dissatisfied <input type="checkbox"/> Somewhat satisfied <input type="checkbox"/> Very satisfied
3. After attending our event, how confident do you feel in your knowledge of [SUBJECT MATTER]?	<input type="checkbox"/> Not at all <input type="checkbox"/> Slightly <input type="checkbox"/> Moderately <input type="checkbox"/> Very <input type="checkbox"/> Extremely
4. How effective were the presentations on conveying the materials?	<input type="checkbox"/> Not at all <input type="checkbox"/> Slightly <input type="checkbox"/> Moderately <input type="checkbox"/> Very <input type="checkbox"/> Extremely
5. How useful will this material be in your work?	<input type="checkbox"/> Not at all <input type="checkbox"/> Slightly <input type="checkbox"/> Moderately <input type="checkbox"/> Very <input type="checkbox"/> Extremely
6. How would you rate your satisfaction with the presenter(s)?	<input type="checkbox"/> Very dissatisfied <input type="checkbox"/> Somewhat dissatisfied <input type="checkbox"/> Neither satisfied nor dissatisfied <input type="checkbox"/> Somewhat satisfied <input type="checkbox"/> Very satisfied

**Important note about Open-Ended questions:**

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7. Was the venue and content fully accessible to you?	<input type="checkbox"/> Yes <input type="checkbox"/> No (with text box)
8. Would you recommend this workshop/session to someone else in your position?	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Employees I interacted with were helpful.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree <input type="checkbox"/> N/A
10. I felt comfortable asking questions.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree <input type="checkbox"/> N/A
11. Did you experience any technical difficulties? If yes, briefly explain.	<input type="checkbox"/> No <input type="checkbox"/> Yes (with text box)
12. How did you hear about this event? (click all that apply)	<input type="checkbox"/> Direct email from a friend/colleague <input type="checkbox"/> Email listserv <input type="checkbox"/> Flyer <input type="checkbox"/> Social media <input type="checkbox"/> Website <input type="checkbox"/> Word of mouth <input type="checkbox"/> [INSERT OPTION] <input type="checkbox"/> Other: (open field)
13. What could we improve for next time?	Open Ended
14. Please provide any additional comments you may have.	Open Ended
Could we contact you if we have any more questions?	<input type="checkbox"/> Yes - Please provide your email <hr style="width: 100px; margin-left: 0;"/> <input type="checkbox"/> No

Thank you for helping us improve our services.

# **Bureau of Consumer Financial Protection**

## **Customer Experience Survey #3**

### **CEE: General Engagement Survey**

Purpose: A general multi-purpose survey for Bureau web and print products, events and meetings.

#### **Privacy Act Statement**

#### **5 U.S.C. 552a(e)(3)**

The information you provide through your responses to the Bureau of Consumer Financial Protection (“Bureau”) will be used to evaluate general engagement of any Consumer Education and Engagement Division programs.

The Bureau may collect your email address.

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Participation in this survey is voluntary.

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Goal	Question	Answer Options
Satisfaction	1. Please rate your OVERALL level of satisfaction with [SERVICE OR PROGRAM]?	<input type="checkbox"/> Extremely Dissatisfied <input type="checkbox"/> Dissatisfied <input type="checkbox"/> Neutral <input type="checkbox"/> Satisfied <input type="checkbox"/> Extremely Satisfied
Confidence	2. This [EVENT / PRODUCT / INTERACTION] increased my confidence in [SUBJECT MATTER].	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree
Value	3. The purpose of my attending the event is (check all that apply):	<input type="checkbox"/> [TOPIC / SUBJECT AREA 1] <input type="checkbox"/> [TOPIC / SUBJECT AREA 2] <input type="checkbox"/> Etc. <input type="checkbox"/> Other (Open Ended)
Value	4. My need(s) was / were addressed	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree
Ease	5. It was easy to complete what I needed to do.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree
Efficiency	6. It took a reasonable amount of time to do what I needed to do.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree
Equality	7. I was treated fairly.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree
Inviting	8. I felt comfortable asking questions.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Agree

		<input type="checkbox"/> Strongly Agree <input type="checkbox"/> N/A
Employees	9. Employees I interacted with were helpful.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree <input type="checkbox"/> N/A

**Important note about Open-Ended questions:**

*Please do not share any Personally Identifiable Information (PII), including, but not limited to, your name, address, phone number, email address, Social Security number, etc.*

Technical	10. Did you experience any technical difficulties? If yes, briefly explain.	<input type="checkbox"/> No <input type="checkbox"/> Yes (with text box)
Trust	11. I trust the information the Bureau produces about [TOPIC].	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree
Overall improvement	12. If we could make one improvement, what should it be?	Open Ended
Overall improvement	13. What additional comments do you have?	Open Ended
Overall improvement	Could we contact you if we have any more questions?	<input type="checkbox"/> Yes - Please provide your email _____ <input type="checkbox"/> No

Thank you for helping us improve our services.



# Bureau of Consumer Financial Protection

## Customer Experience Survey #1

### External Affairs: Pre-Event Survey

Purpose: Measure customer needs and concerns before an event occurs.

#### Privacy Notice

The information you provide through your responses to the Bureau of Consumer Financial Protection (“Bureau”) will be used to evaluate any pre-event needs by the External Affairs Division.

The Bureau will not collect any personally identifiable information from you.

Participation in this survey is voluntary.

#### Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and notwithstanding any other provision of law a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The OMB control number for this collection is 3170-0024. It expires on 11/30/2018. The time required to complete this information collection is estimated to average approximately 3 minutes per response. Comments regarding this collection of information, including the estimated response time, suggestions for improving the usefulness of the information, or suggestions for reducing the burden to respond to this collection should be submitted to the Bureau of Consumer Financial Protection (Attention: PRA Office), 1700 G Street NW, Washington, DC 20552, or by email to [CFPB\\_PRA@cfpb.gov](mailto:CFPB_PRA@cfpb.gov).

Question	Answer Options
1. Please let us know where you work.	Part 1 - <i>[Department / Org / Sector / Etc.]</i> (drop down menu ▼ or open field) Part 2 - <i>[Sub-category. Ex. Local gov]</i> (drop down menu ▼ or open field)
2. What are you hoping to get out of the event? (click all that apply)	<input type="checkbox"/> <i>[TOPIC / SUBJECT AREA 1]</i> <input type="checkbox"/> <i>[TOPIC / SUBJECT AREA 2]</i> <input type="checkbox"/> Etc. <input type="checkbox"/> Other (Open Ended)

3. How confident do you feel in your knowledge of [SUBJECT MATTER]?	<input type="checkbox"/> Not at all <input type="checkbox"/> Slightly <input type="checkbox"/> Moderately <input type="checkbox"/> Very <input type="checkbox"/> Extremely
4. How do you feel about the location of the event?	<input type="checkbox"/> Very dissatisfied <input type="checkbox"/> Somewhat dissatisfied <input type="checkbox"/> Neither satisfied nor dissatisfied <input type="checkbox"/> Somewhat satisfied <input type="checkbox"/> Very satisfied

**Important note about Open-Ended questions:**

*Please do not share any Personally Identifiable Information (PII), including, but not limited to, your name, address, phone number, email address, Social Security number, etc.*

5. How did you hear about this event?	<input type="checkbox"/> Direct email from a friend/colleague <input type="checkbox"/> Email listserv <input type="checkbox"/> Flyer <input type="checkbox"/> Social media <input type="checkbox"/> Website <input type="checkbox"/> Word of mouth <input type="checkbox"/> Other: (open field)
6. Do you have any accessibility needs we can help with?	<input type="checkbox"/> No <input type="checkbox"/> Yes (with open text field)
7. How can we make [EVENT] valuable to you?	Open-ended
8. What should we do to ensure this event [MEETS YOUR NEEDS / IS A SUCCESS]?	Open-ended

Thank you for helping us improve our services.

# **Bureau of Consumer Financial Protection**

## **Customer Experience Survey #2**

### **External Affairs: Post-Event Survey**

Purpose: Measure customer satisfaction after Bureau events and trainings.

#### **Privacy Act Statement**

#### **5 U.S.C. 552a(e)(3)**

The information you provide through your responses to the Bureau of Consumer Financial Protection (“Bureau”) will be used post-event to evaluate any Front Office programs.

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Question	Answer Options
1. Please let us know where you work.	Part 1 - [Department / Org / Sector / Etc.] (drop down menu ▼ or open field) Part 2 - [Sub-category. Ex. Local gov] (drop down menu ▼ or open field)
2. Overall, how would you rate your satisfaction with this event?	<input type="checkbox"/> Very dissatisfied <input type="checkbox"/> Somewhat dissatisfied <input type="checkbox"/> Neither satisfied nor dissatisfied <input type="checkbox"/> Somewhat satisfied <input type="checkbox"/> Very satisfied
3. After attending our event, how confident do you feel in your knowledge of [SUBJECT MATTER]?	<input type="checkbox"/> Not at all <input type="checkbox"/> Slightly <input type="checkbox"/> Moderately <input type="checkbox"/> Very <input type="checkbox"/> Extremely
4. How effective were the presentations on conveying the materials?	<input type="checkbox"/> Not at all <input type="checkbox"/> Slightly <input type="checkbox"/> Moderately <input type="checkbox"/> Very <input type="checkbox"/> Extremely
5. How useful will this material be in your work?	<input type="checkbox"/> Not at all <input type="checkbox"/> Slightly <input type="checkbox"/> Moderately <input type="checkbox"/> Very <input type="checkbox"/> Extremely
6. How would you rate your satisfaction with the presenter(s)?	<input type="checkbox"/> Very dissatisfied <input type="checkbox"/> Somewhat dissatisfied <input type="checkbox"/> Neither satisfied nor dissatisfied <input type="checkbox"/> Somewhat satisfied <input type="checkbox"/> Very satisfied

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7. Was the venue and content fully accessible to you?	<input type="checkbox"/> Yes <input type="checkbox"/> No (with text box)
8. Would you recommend this workshop/session to someone else in your position?	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Employees I interacted with were helpful.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree <input type="checkbox"/> N/A
10. I felt comfortable asking questions.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree <input type="checkbox"/> N/A
11. Did you experience any technical difficulties? If yes, briefly explain.	<input type="checkbox"/> No <input type="checkbox"/> Yes (with text box)
12. How did you hear about this event? (click all that apply)	<input type="checkbox"/> Direct email from a friend/colleague <input type="checkbox"/> Email listserv <input type="checkbox"/> Flyer <input type="checkbox"/> Social media <input type="checkbox"/> Website <input type="checkbox"/> Word of mouth <input type="checkbox"/> [INSERT OPTION] <input type="checkbox"/> Other: (open field)
13. What could we improve for next time?	Open Ended
14. Please provide any additional comments you may have.	Open Ended
Could we contact you if we have any more questions?	<input type="checkbox"/> Yes - Please provide your email <hr style="width: 100px; margin-left: 0;"/> <input type="checkbox"/> No

Thank you for helping us improve our services.

# **Bureau of Consumer Financial Protection**

## **Customer Experience Survey #3**

### **External Affairs: General Engagement Survey**

Purpose: A general multi-purpose survey for Bureau web and print products, events and meetings.

#### **Privacy Act Statement**

##### **5 U.S.C. 552a(e)(3)**

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Goal	Question	Answer Options
Satisfaction	1. Please rate your OVERALL level of satisfaction with [SERVICE OR PROGRAM]?	<input type="checkbox"/> Extremely Dissatisfied <input type="checkbox"/> Dissatisfied <input type="checkbox"/> Neutral <input type="checkbox"/> Satisfied <input type="checkbox"/> Extremely Satisfied
Confidence	2. This [EVENT / PRODUCT / INTERACTION] increased my confidence in [SUBJECT MATTER].	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree
Value	3. The purpose of my attending the event is (check all that apply):	<input type="checkbox"/> [TOPIC / SUBJECT AREA 1] <input type="checkbox"/> [TOPIC / SUBJECT AREA 2] <input type="checkbox"/> Etc. <input type="checkbox"/> Other (Open Ended)
Value	4. My need(s) was / were addressed	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree
Ease	5. It was easy to complete what I needed to do.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree
Efficiency	6. It took a reasonable amount of time to do what I needed to do.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree
Equality	7. I was treated fairly.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree
Inviting	8. I felt comfortable asking questions.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree

		<input type="checkbox"/> N/A
Employees	9. Employees I interacted with were helpful.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree <input type="checkbox"/> N/A

**Important note about Open-Ended questions:**

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Technical	10. Did you experience any technical difficulties? If yes, briefly explain.	<input type="checkbox"/> No <input type="checkbox"/> Yes (with text box)
Trust	11. I trust the information the Bureau produces about [TOPIC].	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree
Overall improvement	12. If we could make one improvement, what should it be?	Open Ended
Overall improvement	13. What additional comments do you have?	Open Ended
Overall improvement	Could we contact you if we have any more questions?	<input type="checkbox"/> Yes - Please provide your email _____ <input type="checkbox"/> No

Thank you for helping us improve our services.



# Bureau of Consumer Financial Protection

## Customer Experience Survey #1

### Front Office: Pre-Event Survey

Purpose: Measure customer needs and concerns before an event occurs.

#### Privacy Notice

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Question	Answer Options
1. Please let us know where you work.	Part 1 - <i>[Department / Org / Sector / Etc.]</i> (drop down menu ▼ or open field) Part 2 - <i>[Sub-category. Ex. Local gov]</i> (drop down menu ▼ or open field)
2. What are you hoping to get out of the event? (click all that apply)	<input type="checkbox"/> <i>[TOPIC / SUBJECT AREA 1]</i> <input type="checkbox"/> <i>[TOPIC / SUBJECT AREA 2]</i> <input type="checkbox"/> Etc. <input type="checkbox"/> Other (Open Ended)
3. How confident do you feel in your knowledge of <i>[SUBJECT MATTER]</i> ?	<input type="checkbox"/> Not at all <input type="checkbox"/> Slightly

	<input type="checkbox"/> Moderately <input type="checkbox"/> Very <input type="checkbox"/> Extremely
4. How do you feel about the location of the event?	<input type="checkbox"/> Very dissatisfied <input type="checkbox"/> Somewhat dissatisfied <input type="checkbox"/> Neither satisfied nor dissatisfied <input type="checkbox"/> Somewhat satisfied <input type="checkbox"/> Very satisfied

**Important note about Open-Ended questions:**

*Please do not share any Personally Identifiable Information (PII), including, but not limited to, your name, address, phone number, email address, Social Security number, etc.*

5. How did you hear about this event?	<input type="checkbox"/> Direct email from a friend/colleague <input type="checkbox"/> Email listserv <input type="checkbox"/> Flyer <input type="checkbox"/> Social media <input type="checkbox"/> Website <input type="checkbox"/> Word of mouth <input type="checkbox"/> Other: (open field)
6. Do you have any accessibility needs we can help with?	<input type="checkbox"/> No <input type="checkbox"/> Yes (with open text field)
7. How can we make [EVENT] valuable to you?	Open-ended
8. What should we do to ensure this event [MEETS YOUR NEEDS / IS A SUCCESS]?	Open-ended

Thank you for helping us improve our services.

# **Bureau of Consumer Financial Protection**

## **Customer Experience Survey #2**

### **Front Office: Post-Event Survey**

Purpose: Measure customer satisfaction after Bureau events and trainings.

#### **Privacy Act Statement**

#### **5 U.S.C. 552a(e)(3)**

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Participation in this survey is voluntary.

#### **Paperwork Reduction Act Statement**

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and notwithstanding any other provision of law a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The OMB control number for this collection is 3170-0024. It expires on 11/30/2018. The time required to complete this information collection is estimated to average approximately 3 minutes per response. Comments regarding this collection of information, including the estimated response time, suggestions for improving the usefulness of the information, or suggestions for reducing the burden to respond to this collection should be submitted to the Bureau of Consumer Financial Protection (Attention: PRA Office), 1700 G Street NW, Washington, DC 20552, or by email to [CFPB\\_PRA@cfpb.gov](mailto:CFPB_PRA@cfpb.gov).

Question	Answer Options
1. Please let us know where you work.	Part 1 - [Department / Org / Sector / Etc.] (drop down menu ▼ or open field) Part 2 - [Sub-category. Ex. Local gov] (drop down menu ▼ or open field)
2. Overall, how would you rate your satisfaction with this event?	<input type="checkbox"/> Very dissatisfied <input type="checkbox"/> Somewhat dissatisfied <input type="checkbox"/> Neither satisfied nor dissatisfied <input type="checkbox"/> Somewhat satisfied <input type="checkbox"/> Very satisfied
3. After attending our event, how confident do you feel in your knowledge of [SUBJECT MATTER]?	<input type="checkbox"/> Not at all <input type="checkbox"/> Slightly <input type="checkbox"/> Moderately <input type="checkbox"/> Very <input type="checkbox"/> Extremely
4. How effective were the presentations on conveying the materials?	<input type="checkbox"/> Not at all <input type="checkbox"/> Slightly <input type="checkbox"/> Moderately <input type="checkbox"/> Very <input type="checkbox"/> Extremely
5. How useful will this material be in your work?	<input type="checkbox"/> Not at all <input type="checkbox"/> Slightly <input type="checkbox"/> Moderately <input type="checkbox"/> Very <input type="checkbox"/> Extremely
6. How would you rate your satisfaction with the presenter(s)?	<input type="checkbox"/> Very dissatisfied <input type="checkbox"/> Somewhat dissatisfied <input type="checkbox"/> Neither satisfied nor dissatisfied <input type="checkbox"/> Somewhat satisfied <input type="checkbox"/> Very satisfied

**Important note about Open-Ended questions:**

*Please do not share any Personally Identifiable Information (PII), including, but not limited to, your name, address, phone number, email address, Social Security number, etc.*

7. Was the venue and content fully accessible to you?	<input type="checkbox"/> Yes <input type="checkbox"/> No (with text box)
8. Would you recommend this workshop/session to someone else in your position?	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Employees I interacted with were helpful.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree <input type="checkbox"/> N/A
10. I felt comfortable asking questions.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree <input type="checkbox"/> N/A
11. Did you experience any technical difficulties? If yes, briefly explain.	<input type="checkbox"/> No <input type="checkbox"/> Yes (with text box)
12. How did you hear about this event? (click all that apply)	<input type="checkbox"/> Direct email from a friend/colleague <input type="checkbox"/> Email listserv <input type="checkbox"/> Flyer <input type="checkbox"/> Social media <input type="checkbox"/> Website <input type="checkbox"/> Word of mouth <input type="checkbox"/> [INSERT OPTION] <input type="checkbox"/> Other: (open field)
13. What could we improve for next time?	Open Ended
14. Please provide any additional comments you may have.	Open Ended
Could we contact you if we have any more questions?	<input type="checkbox"/> Yes - Please provide your email <hr style="width: 100px; margin-left: 0;"/> <input type="checkbox"/> No

Thank you for helping us improve our services.

# **Bureau of Consumer Financial Protection**

## **Customer Experience Survey #3**

### **Front Office: General Engagement Survey**

Purpose: A general multi-purpose survey for Bureau web and print products, events and meetings.

#### **Privacy Act Statement**

##### **5 U.S.C. 552a(e)(3)**

The information you provide through your responses to the Bureau of Consumer Financial Protection (“Bureau”) will be used to evaluate general engagement of any Front Office programs.

The Bureau may collect your email address.

Information collected on behalf of the Bureau is treated in accordance with the System of Records Notice (“SORN”), CFPB.013, <https://www.federalregister.gov/articles/2012/09/27/2012-23756/privacy-act-of-1974-as-amended>. Although the Bureau does not anticipate further disclosing the information provided, it may be disclosed as indicated in the Routine Uses described in the SORN.

This collection of information is authorized by Pub. L. No. 111-203, Title X, Sections 1013 and 1022, codified at 12 U.S.C. §§ 5493 and 5512.

Participation in this survey is voluntary.

#### **Paperwork Reduction Act Statement**

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and not withstanding any other provision of law a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The OMB control number for this collection is 3170-0024. It expires on 11/30/2018. The time required to complete this information collection is estimated to average approximately 3 minutes per response. Comments regarding this collection of information, including the estimated response time, suggestions for improving the usefulness of the information, or suggestions for reducing the burden to respond to this collection should be submitted to the Bureau of the Consumer Financial Protection (Attention: PRA Office), 1700 G Street NW, Washington, DC 20552, or by email to [CFPB\\_PRA@cfpb.gov](mailto:CFPB_PRA@cfpb.gov).

Goal	Question	Answer Options
Satisfaction	1. Please rate your OVERALL level of satisfaction with [SERVICE OR PROGRAM]?	<input type="checkbox"/> Extremely Dissatisfied <input type="checkbox"/> Dissatisfied <input type="checkbox"/> Neutral <input type="checkbox"/> Satisfied <input type="checkbox"/> Extremely Satisfied
Confidence	2. This [EVENT / PRODUCT / INTERACTION] increased my confidence in [SUBJECT MATTER].	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree
Value	3. The purpose of my attending the event is (check all that apply):	<input type="checkbox"/> [TOPIC / SUBJECT AREA 1] <input type="checkbox"/> [TOPIC / SUBJECT AREA 2] <input type="checkbox"/> Etc. <input type="checkbox"/> Other (Open Ended)
Value	4. My need(s) was / were addressed	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree
Ease	5. It was easy to complete what I needed to do.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree
Efficiency	6. It took a reasonable amount of time to do what I needed to do.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree
Equality	7. I was treated fairly.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree
Inviting	8. I felt comfortable asking questions.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Agree

		<input type="checkbox"/> Strongly Agree <input type="checkbox"/> N/A
Employees	9. Employees I interacted with were helpful.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree <input type="checkbox"/> N/A

**Important note about Open-Ended questions:**

*Please do not share any Personally Identifiable Information (PII), including, but not limited to, your name, address, phone number, email address, Social Security number, etc.*

Technical	10. Did you experience any technical difficulties? If yes, briefly explain.	<input type="checkbox"/> No <input type="checkbox"/> Yes (with text box)
Trust	11. I trust the information the Bureau produces about [TOPIC].	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree
Overall improvement	12. If we could make one improvement, what should it be?	Open Ended
Overall improvement	13. What additional comments do you have?	Open Ended
Overall improvement	Could we contact you if we have any more questions?	<input type="checkbox"/> Yes - Please provide your email _____ <input type="checkbox"/> No

Thank you for helping us improve our services.



# Bureau of Consumer Financial Protection

## Customer Experience Survey #1

### Legal: Pre-Event Survey

Purpose: Measure customer needs and concerns before an event occurs.

Privacy Notice

The information you provide through your responses to the Bureau of Consumer Financial Protection (“Bureau”) will be used to evaluate any pre-event needs by the Legal Division.

The Bureau will not collect any personally identifiable information from you.

Participation in this survey is voluntary.

#### Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and not withstanding any other provision of law a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The OMB control number for this collection is 3170-0024. It expires on 11/30/2018. The time required to complete this information collection is estimated to average approximately 3 minutes per response. Comments regarding this collection of information, including the estimated response time, suggestions for improving the usefulness of the information, or suggestions for reducing the burden to respond to this collection should be submitted to the Bureau of Consumer Financial Protection (Attention: PRA Office), 1700 G Street NW, Washington, DC 20552, or by email to [CFPB\\_PRA@cfpb.gov](mailto:CFPB_PRA@cfpb.gov).

Question	Answer Options
1. Please let us know where you work.	Part 1 - <i>[Department / Org / Sector / Etc.]</i> (drop down menu ▼ or open field) Part 2 - <i>[Sub-category. Ex. Local gov]</i> (drop down menu ▼ or open field)
2. What are you hoping to get out of the event? (click all that apply)	<input type="checkbox"/> <i>[TOPIC / SUBJECT AREA 1]</i> <input type="checkbox"/> <i>[TOPIC / SUBJECT AREA 2]</i> <input type="checkbox"/> Etc. <input type="checkbox"/> Other (Open Ended)
3. How confident do you feel in your knowledge of <i>[SUBJECT MATTER]</i> ?	<input type="checkbox"/> Not at all <input type="checkbox"/> Slightly <input type="checkbox"/> Moderately

	<input type="checkbox"/> Very <input type="checkbox"/> Extremely
4. How do you feel about the location of the event?	<input type="checkbox"/> Very dissatisfied <input type="checkbox"/> Somewhat dissatisfied <input type="checkbox"/> Neither satisfied nor dissatisfied <input type="checkbox"/> Somewhat satisfied <input type="checkbox"/> Very satisfied

**Important note about Open-Ended questions:**

*Please do not share any Personally Identifiable Information (PII), including, but not limited to, your name, address, phone number, email address, Social Security number, etc.*

5. How did you hear about this event?	<input type="checkbox"/> Direct email from a friend/colleague <input type="checkbox"/> Email listserv <input type="checkbox"/> Flyer <input type="checkbox"/> Social media <input type="checkbox"/> Website <input type="checkbox"/> Word of mouth <input type="checkbox"/> Other: (open field)
6. Do you have any accessibility needs we can help with?	<input type="checkbox"/> No <input type="checkbox"/> Yes (with open text field)
7. How can we make [EVENT] valuable to you?	Open-ended
8. What should we do to ensure this event [MEETS YOUR NEEDS / IS A SUCCESS]?	Open-ended

Thank you for helping us improve our services.

# **Bureau of Consumer Financial Protection**

## **Customer Experience Survey #2**

### **Legal: Post-Event Survey**

Purpose: Measure customer satisfaction after Bureau events and trainings.

#### **Privacy Act Statement**

#### **5 U.S.C. 552a(e)(3)**

The information you provide through your responses to the Bureau of Consumer Financial Protection (“Bureau”) will be used post-event to evaluate any Legal Division programs.

The Bureau may collect your email address.

Information collected on behalf of the Bureau is treated in accordance with the System of Records Notice (“SORN”), CFPB.013, <https://www.federalregister.gov/articles/2012/09/27/2012-23756/privacy-act-of-1974-as-amended>. Although the Bureau does not anticipate further disclosing the information provided, it may be disclosed as indicated in the Routine Uses described in the SORN.

This collection of information is authorized by Pub. L. No. 111-203, Title X, Sections 1013 and 1022, codified at 12 U.S.C. §§ 5493 and 5512.

Participation in this survey is voluntary.

#### **Paperwork Reduction Act Statement**

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Question	Answer Options
1. Please let us know where you work.	Part 1 - [Department / Org / Sector / Etc.] (drop down menu ▼ or open field) Part 2 - [Sub-category. Ex. Local gov] (drop down menu ▼ or open field)
2. Overall, how would you rate your satisfaction with this event?	<input type="checkbox"/> Very dissatisfied <input type="checkbox"/> Somewhat dissatisfied <input type="checkbox"/> Neither satisfied nor dissatisfied <input type="checkbox"/> Somewhat satisfied <input type="checkbox"/> Very satisfied
3. After attending our event, how confident do you feel in your knowledge of [SUBJECT MATTER]?	<input type="checkbox"/> Not at all <input type="checkbox"/> Slightly <input type="checkbox"/> Moderately <input type="checkbox"/> Very <input type="checkbox"/> Extremely
4. How effective were the presentations on conveying the materials?	<input type="checkbox"/> Not at all <input type="checkbox"/> Slightly <input type="checkbox"/> Moderately <input type="checkbox"/> Very <input type="checkbox"/> Extremely
5. How useful will this material be in your work?	<input type="checkbox"/> Not at all <input type="checkbox"/> Slightly <input type="checkbox"/> Moderately <input type="checkbox"/> Very <input type="checkbox"/> Extremely
6. How would you rate your satisfaction with the presenter(s)?	<input type="checkbox"/> Very dissatisfied <input type="checkbox"/> Somewhat dissatisfied <input type="checkbox"/> Neither satisfied nor dissatisfied <input type="checkbox"/> Somewhat satisfied <input type="checkbox"/> Very satisfied

**Important note about Open-Ended questions:**

*Please do not share any Personally Identifiable Information (PII), including, but not limited to, your name, address, phone number, email address, Social Security number, etc.*

7. Was the venue and content fully accessible to you?	<input type="checkbox"/> Yes <input type="checkbox"/> No (with text box)
8. Would you recommend this workshop/session to someone else in your position?	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Employees I interacted with were helpful.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree <input type="checkbox"/> N/A
10. I felt comfortable asking questions.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree <input type="checkbox"/> N/A
11. Did you experience any technical difficulties? If yes, briefly explain.	<input type="checkbox"/> No <input type="checkbox"/> Yes (with text box)
12. How did you hear about this event? (click all that apply)	<input type="checkbox"/> Direct email from a friend/colleague <input type="checkbox"/> Email listserv <input type="checkbox"/> Flyer <input type="checkbox"/> Social media <input type="checkbox"/> Website <input type="checkbox"/> Word of mouth <input type="checkbox"/> [INSERT OPTION] <input type="checkbox"/> Other: (open field)
13. What could we improve for next time?	Open Ended
14. Please provide any additional comments you may have.	Open Ended
Could we contact you if we have any more questions?	<input type="checkbox"/> Yes - Please provide your email <hr style="width: 100px; margin-left: 0;"/> <input type="checkbox"/> No

Thank you for helping us improve our services.

# **Bureau of Consumer Financial Protection**

## **Customer Experience Survey #3**

### **Legal: General Engagement Survey**

Purpose: A general multi-purpose survey for Bureau web and print products, events and meetings.

#### **Privacy Act Statement**

#### **5 U.S.C. 552a(e)(3)**

The information you provide through your responses to the Bureau of Consumer Financial Protection (“Bureau”) will be used to evaluate general engagement of any Legal Division programs.

The Bureau may collect your email address.

Information collected on behalf of the Bureau is treated in accordance with the System of Records Notice (“SORN”), CFPB.013, <https://www.federalregister.gov/articles/2012/09/27/2012-23756/privacy-act-of-1974-as-amended>. Although the Bureau does not anticipate further disclosing the information provided, it may be disclosed as indicated in the Routine Uses described in the SORN.

This collection of information is authorized by Pub. L. No. 111-203, Title X, Sections 1013 and 1022, codified at 12 U.S.C. §§ 5493 and 5512.

Participation in this survey is voluntary.

#### **Paperwork Reduction Act Statement**

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Goal	Question	Answer Options
Satisfaction	1. Please rate your OVERALL level of satisfaction with [SERVICE OR PROGRAM]?	<input type="checkbox"/> Extremely Dissatisfied <input type="checkbox"/> Dissatisfied <input type="checkbox"/> Neutral <input type="checkbox"/> Satisfied <input type="checkbox"/> Extremely Satisfied
Confidence	2. This [EVENT / PRODUCT / INTERACTION] increased my confidence in [SUBJECT MATTER].	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree
Value	3. The purpose of my attending the event is (check all that apply):	<input type="checkbox"/> [TOPIC / SUBJECT AREA 1] <input type="checkbox"/> [TOPIC / SUBJECT AREA 2] <input type="checkbox"/> Etc. <input type="checkbox"/> Other (Open Ended)
Value	4. My need(s) was / were addressed	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree
Ease	5. It was easy to complete what I needed to do.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree
Efficiency	6. It took a reasonable amount of time to do what I needed to do.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree
Equality	7. I was treated fairly.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree
Inviting	8. I felt comfortable asking questions.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral

		<input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree <input type="checkbox"/> N/A
Employees	9. Employees I interacted with were helpful.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree <input type="checkbox"/> N/A

**Important note about Open-Ended questions:**

*Please do not share any Personally Identifiable Information (PII), including, but not limited to, your name, address, phone number, email address, Social Security number, etc.*

Technical	10. Did you experience any technical difficulties? If yes, briefly explain.	<input type="checkbox"/> No <input type="checkbox"/> Yes (with text box)
Trust	11. I trust the information the Bureau produces about [TOPIC].	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree
Overall improvement	12. If we could make one improvement, what should it be?	Open Ended
Overall improvement	13. What additional comments do you have?	Open Ended
Overall improvement	Could we contact you if we have any more questions?	<input type="checkbox"/> Yes - Please provide your email _____ <input type="checkbox"/> No

Thank you for helping us improve our services.



# Bureau of Consumer Financial Protection

## Customer Experience Survey #1

### Operations: Pre-Event Survey

Purpose: Measure customer needs and concerns before an event occurs.

Privacy Notice

The information you provide through your responses to the Bureau of Consumer Financial Protection (“Bureau”) will be used to evaluate any pre-event needs by the Operations Division.

The Bureau will not collect any personally identifiable information from you.

Participation in this survey is voluntary.

#### Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and not withstanding any other provision of law a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The OMB control number for this collection is 3170-0024. It expires on 11/30/2018. The time required to complete this information collection is estimated to average approximately 3 minutes per response. Comments regarding this collection of information, including the estimated response time, suggestions for improving the usefulness of the information, or suggestions for reducing the burden to respond to this collection should be submitted to the Bureau of Consumer Financial Protection (Attention: PRA Office), 1700 G Street NW, Washington, DC 20552, or by email to [CFPB\\_PRA@cfpb.gov](mailto:CFPB_PRA@cfpb.gov).

Question	Answer Options
1. Please let us know where you work.	Part 1 - <i>[Department / Org / Sector / Etc.]</i> (drop down menu ▼ or open field) Part 2 - <i>[Sub-category. Ex. Local gov]</i> (drop down menu ▼ or open field)
2. What are you hoping to get out of the event? (click all that apply)	<input type="checkbox"/> <i>[TOPIC / SUBJECT AREA 1]</i> <input type="checkbox"/> <i>[TOPIC / SUBJECT AREA 2]</i> <input type="checkbox"/> Etc. <input type="checkbox"/> Other (Open Ended)
3. How confident do you feel in your knowledge of <i>[SUBJECT MATTER]</i> ?	<input type="checkbox"/> Not at all <input type="checkbox"/> Slightly <input type="checkbox"/> Moderately

	<input type="checkbox"/> Very <input type="checkbox"/> Extremely
4. How do you feel about the location of the event?	<input type="checkbox"/> Very dissatisfied <input type="checkbox"/> Somewhat dissatisfied <input type="checkbox"/> Neither satisfied nor dissatisfied <input type="checkbox"/> Somewhat satisfied <input type="checkbox"/> Very satisfied

**Important note about Open-Ended questions:**

*Please do not share any Personally Identifiable Information (PII), including, but not limited to, your name, address, phone number, email address, Social Security number, etc.*

5. How did you hear about this event?	<input type="checkbox"/> Direct email from a friend/colleague <input type="checkbox"/> Email listserv <input type="checkbox"/> Flyer <input type="checkbox"/> Social media <input type="checkbox"/> Website <input type="checkbox"/> Word of mouth <input type="checkbox"/> Other: (open field)
6. Do you have any accessibility needs we can help with?	<input type="checkbox"/> No <input type="checkbox"/> Yes (with open text field)
7. How can we make [EVENT] valuable to you?	Open-ended
8. What should we do to ensure this event [MEETS YOUR NEEDS / IS A SUCCESS]?	Open-ended

Thank you for helping us improve our services.

# **Bureau of Consumer Financial Protection**

## **Customer Experience Survey #2**

### **Operations: Post-Event Survey**

Purpose: Measure customer satisfaction after Bureau events and trainings.

#### **Privacy Act Statement**

#### **5 U.S.C. 552a(e)(3)**

The information you provide through your responses to the Bureau of Consumer Financial Protection (“Bureau”) will be used post-event to evaluate any Operations Division programs.

The Bureau may collect your email address.

Information collected on behalf of the Bureau is treated in accordance with the System of Records Notice (“SORN”), CFPB.013, <https://www.federalregister.gov/articles/2012/09/27/2012-23756/privacy-act-of-1974-as-amended>. Although the Bureau does not anticipate further disclosing the information provided, it may be disclosed as indicated in the Routine Uses described in the SORN.

This collection of information is authorized by Pub. L. No. 111-203, Title X, Sections 1013 and 1022, codified at 12 U.S.C. §§ 5493 and 5512.

Participation in this survey is voluntary.

#### **Paperwork Reduction Act Statement**

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and notwithstanding any other provision of law a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The OMB control number for this collection is 3170-0024. It expires on 11/30/2018. The time required to complete this information collection is estimated to average approximately 3 minutes per response. Comments regarding this collection of information, including the estimated response time, suggestions for improving the usefulness of the information, or suggestions for reducing the burden to respond to this collection should be submitted to the Bureau of Consumer Financial Protection (Attention: PRA Office), 1700 G Street NW, Washington, DC 20552, or by email to [CFPB\\_PRA@cfpb.gov](mailto:CFPB_PRA@cfpb.gov).

Question	Answer Options
1. Please let us know where you work.	Part 1 - [Department / Org / Sector / Etc.] (drop down menu ▼ or open field) Part 2 - [Sub-category. Ex. Local gov] (drop down menu ▼ or open field)
2. Overall, how would you rate your satisfaction with this event?	<input type="checkbox"/> Very dissatisfied <input type="checkbox"/> Somewhat dissatisfied <input type="checkbox"/> Neither satisfied nor dissatisfied <input type="checkbox"/> Somewhat satisfied <input type="checkbox"/> Very satisfied
3. After attending our event, how confident do you feel in your knowledge of [SUBJECT MATTER]?	<input type="checkbox"/> Not at all <input type="checkbox"/> Slightly <input type="checkbox"/> Moderately <input type="checkbox"/> Very <input type="checkbox"/> Extremely
4. How effective were the presentations on conveying the materials?	<input type="checkbox"/> Not at all <input type="checkbox"/> Slightly <input type="checkbox"/> Moderately <input type="checkbox"/> Very <input type="checkbox"/> Extremely
5. How useful will this material be in your work?	<input type="checkbox"/> Not at all <input type="checkbox"/> Slightly <input type="checkbox"/> Moderately <input type="checkbox"/> Very <input type="checkbox"/> Extremely
6. How would you rate your satisfaction with the presenter(s)?	<input type="checkbox"/> Very dissatisfied <input type="checkbox"/> Somewhat dissatisfied <input type="checkbox"/> Neither satisfied nor dissatisfied <input type="checkbox"/> Somewhat satisfied <input type="checkbox"/> Very satisfied

**Important note about Open-Ended questions:**

*Please do not share any Personally Identifiable Information (PII), including, but not limited to, your name, address, phone number, email address, Social Security number, etc.*

7. Was the venue and content fully accessible to you?	<input type="checkbox"/> Yes <input type="checkbox"/> No (with text box)
8. Would you recommend this workshop/session to someone else in your position?	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Employees I interacted with were helpful.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree <input type="checkbox"/> N/A
10. I felt comfortable asking questions.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree <input type="checkbox"/> N/A
11. Did you experience any technical difficulties? If yes, briefly explain.	<input type="checkbox"/> No <input type="checkbox"/> Yes (with text box)
12. How did you hear about this event? (click all that apply)	<input type="checkbox"/> Direct email from a friend/colleague <input type="checkbox"/> Email listserv <input type="checkbox"/> Flyer <input type="checkbox"/> Social media <input type="checkbox"/> Website <input type="checkbox"/> Word of mouth <input type="checkbox"/> [INSERT OPTION] <input type="checkbox"/> Other: (open field)
13. What could we improve for next time?	Open Ended
14. Please provide any additional comments you may have.	Open Ended
Could we contact you if we have any more questions?	<input type="checkbox"/> Yes - Please provide your email <hr style="width: 100px; margin-left: 0;"/> <input type="checkbox"/> No

Thank you for helping us improve our services.

# **Bureau of Consumer Financial Protection**

## **Customer Experience Survey #3**

### **Operations: General Engagement Survey**

Purpose: A general multi-purpose survey for Bureau web and print products, events and meetings.

#### **Privacy Act Statement**

##### **5 U.S.C. 552a(e)(3)**

The information you provide through your responses to the Bureau of Consumer Financial Protection (“Bureau”) will be used to evaluate general engagement of any Operations Division programs.

The Bureau may collect your email address.

Information collected on behalf of the Bureau is treated in accordance with the System of Records Notice (“SORN”), CFPB.013, <https://www.federalregister.gov/articles/2012/09/27/2012-23756/privacy-act-of-1974-as-amended>. Although the Bureau does not anticipate further disclosing the information provided, it may be disclosed as indicated in the Routine Uses described in the SORN.

This collection of information is authorized by Pub. L. No. 111-203, Title X, Sections 1013 and 1022, codified at 12 U.S.C. §§ 5493 and 5512.

Participation in this survey is voluntary.

#### **Paperwork Reduction Act Statement**

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and notwithstanding any other provision of law a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The OMB control number for this collection is 3170-0024. It expires on 11/30/2018. The time required to complete this information collection is estimated to average approximately 3 minutes per response. Comments regarding this collection of information, including the estimated response time, suggestions for improving the usefulness of the information, or suggestions for reducing the burden to respond to this collection should be submitted to the Bureau of the Consumer Financial Protection (Attention: PRA Office), 1700 G Street NW, Washington, DC 20552, or by email to [CFPB\\_PRA@cfpb.gov](mailto:CFPB_PRA@cfpb.gov).

Goal	Question	Answer Options
Satisfaction	1. Please rate your OVERALL level of satisfaction with [SERVICE OR PROGRAM]?	<input type="checkbox"/> Extremely Dissatisfied <input type="checkbox"/> Dissatisfied <input type="checkbox"/> Neutral <input type="checkbox"/> Satisfied <input type="checkbox"/> Extremely Satisfied
Confidence	2. This [EVENT / PRODUCT / INTERACTION] increased my confidence in [SUBJECT MATTER].	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree
Value	3. The purpose of my attending the event is (check all that apply):	<input type="checkbox"/> [TOPIC / SUBJECT AREA 1] <input type="checkbox"/> [TOPIC / SUBJECT AREA 2] <input type="checkbox"/> Etc. <input type="checkbox"/> Other (Open Ended)
Value	4. My need(s) was / were addressed	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree
Ease	5. It was easy to complete what I needed to do.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree
Efficiency	6. It took a reasonable amount of time to do what I needed to do.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree
Equality	7. I was treated fairly.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree
Inviting	8. I felt comfortable asking questions.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral

		<input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree <input type="checkbox"/> N/A
Employees	9. Employees I interacted with were helpful.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree <input type="checkbox"/> N/A

**Important note about Open-Ended questions:**

*Please do not share any Personally Identifiable Information (PII), including, but not limited to, your name, address, phone number, email address, Social Security number, etc.*

Technical	10. Did you experience any technical difficulties? If yes, briefly explain.	<input type="checkbox"/> No <input type="checkbox"/> Yes (with text box)
Trust	11. I trust the information the Bureau produces about [TOPIC].	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree
Overall improvement	12. If we could make one improvement, what should it be?	Open Ended
Overall improvement	13. What additional comments do you have?	Open Ended
Overall improvement	Could we contact you if we have any more questions?	<input type="checkbox"/> Yes - Please provide your email _____ <input type="checkbox"/> No

Thank you for helping us improve our services.



# Bureau of Consumer Financial Protection

## Customer Experience Survey #1

### RMR: Pre-Event Survey

Purpose: Measure customer needs and concerns before an event occurs.

#### Privacy Notice

The information you provide through your responses to the Bureau of Consumer Financial Protection (“Bureau”) will be used to evaluate any pre-event needs by the Research, Markets, and Regulations Division.

The Bureau will not collect any personally identifiable information from you.

Participation in this survey is voluntary.

#### Paperwork Reduction Act Statement

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Question	Answer Options
1. Please let us know where you work.	Part 1 - <i>[Department / Org / Sector / Etc.]</i> (drop down menu ▼ or open field) Part 2 - <i>[Sub-category. Ex. Local gov]</i> (drop down menu ▼ or open field)
2. What are you hoping to get out of the event? (click all that apply)	<input type="checkbox"/> <i>[TOPIC / SUBJECT AREA 1]</i> <input type="checkbox"/> <i>[TOPIC / SUBJECT AREA 2]</i> <input type="checkbox"/> Etc. <input type="checkbox"/> Other (Open Ended)

3. How confident do you feel in your knowledge of [SUBJECT MATTER]?	<input type="checkbox"/> Not at all <input type="checkbox"/> Slightly <input type="checkbox"/> Moderately <input type="checkbox"/> Very <input type="checkbox"/> Extremely
4. How do you feel about the location of the event?	<input type="checkbox"/> Very dissatisfied <input type="checkbox"/> Somewhat dissatisfied <input type="checkbox"/> Neither satisfied nor dissatisfied <input type="checkbox"/> Somewhat satisfied <input type="checkbox"/> Very satisfied

**Important note about Open-Ended questions:**

*Please do not share any Personally Identifiable Information (PII), including, but not limited to, your name, address, phone number, email address, Social Security number, etc.*

5. How did you hear about this event?	<input type="checkbox"/> Direct email from a friend/colleague <input type="checkbox"/> Email listserv <input type="checkbox"/> Flyer <input type="checkbox"/> Social media <input type="checkbox"/> Website <input type="checkbox"/> Word of mouth <input type="checkbox"/> Other: (open field)
6. Do you have any accessibility needs we can help with?	<input type="checkbox"/> No <input type="checkbox"/> Yes (with open text field)
7. How can we make [EVENT] valuable to you?	Open-ended
8. What should we do to ensure this event [MEETS YOUR NEEDS / IS A SUCCESS]?	Open-ended

Thank you for helping us improve our services.

# **Bureau of Consumer Financial Protection**

## **Customer Experience Survey #2**

### **RMR: Post-Event Survey**

Purpose: Measure customer satisfaction after Bureau events and trainings.

#### **Privacy Act Statement**

#### **5 U.S.C. 552a(e)(3)**

The information you provide through your responses to the Bureau of Consumer Financial Protection (“Bureau”) will be used post-event to evaluate any Research, Markets, and Regulations Division programs.

The Bureau may collect your email address.

Information collected on behalf of the Bureau is treated in accordance with the System of Records Notice (“SORN”), CFPB.013, <https://www.federalregister.gov/articles/2012/09/27/2012-23756/privacy-act-of-1974-as-amended>. Although the Bureau does not anticipate further disclosing the information provided, it may be disclosed as indicated in the Routine Uses described in the SORN.

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Participation in this survey is voluntary.

#### **Paperwork Reduction Act Statement**

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Question	Answer Options
1. Please let us know where you work.	Part 1 - <i>[Department / Org / Sector / Etc.]</i> (drop down menu ▼ or open field) Part 2 - <i>[Sub-category. Ex. Local gov]</i> (drop down menu ▼ or open field)
2. Overall, how would you rate your satisfaction with this event?	<input type="checkbox"/> Very dissatisfied <input type="checkbox"/> Somewhat dissatisfied <input type="checkbox"/> Neither satisfied nor dissatisfied <input type="checkbox"/> Somewhat satisfied <input type="checkbox"/> Very satisfied
3. After attending our event, how confident do you feel in your knowledge of <i>[SUBJECT MATTER]</i> ?	<input type="checkbox"/> Not at all <input type="checkbox"/> Slightly <input type="checkbox"/> Moderately <input type="checkbox"/> Very <input type="checkbox"/> Extremely
4. How effective were the presentations on conveying the materials?	<input type="checkbox"/> Not at all <input type="checkbox"/> Slightly <input type="checkbox"/> Moderately <input type="checkbox"/> Very <input type="checkbox"/> Extremely
5. How useful will this material be in your work?	<input type="checkbox"/> Not at all <input type="checkbox"/> Slightly <input type="checkbox"/> Moderately <input type="checkbox"/> Very <input type="checkbox"/> Extremely
6. How would you rate your satisfaction with the presenter(s)?	<input type="checkbox"/> Very dissatisfied <input type="checkbox"/> Somewhat dissatisfied <input type="checkbox"/> Neither satisfied nor dissatisfied <input type="checkbox"/> Somewhat satisfied <input type="checkbox"/> Very satisfied

**Important note about Open-Ended questions:**

*Please do not share any Personally Identifiable Information (PII), including, but not limited to, your name, address, phone number, email address, Social Security number, etc.*

7. Was the venue and content fully accessible to you?	<input type="checkbox"/> Yes <input type="checkbox"/> No (with text box)
8. Would you recommend this workshop/session to someone else in your position?	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Employees I interacted with were helpful.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree <input type="checkbox"/> N/A
10. I felt comfortable asking questions.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree <input type="checkbox"/> N/A
11. Did you experience any technical difficulties? If yes, briefly explain.	<input type="checkbox"/> No <input type="checkbox"/> Yes (with text box)
12. How did you hear about this event? (click all that apply)	<input type="checkbox"/> Direct email from a friend/colleague <input type="checkbox"/> Email listserv <input type="checkbox"/> Flyer <input type="checkbox"/> Social media <input type="checkbox"/> Website <input type="checkbox"/> Word of mouth <input type="checkbox"/> [INSERT OPTION] <input type="checkbox"/> Other: (open field)
13. What could we improve for next time?	Open Ended
14. Please provide any additional comments you may have.	Open Ended
Could we contact you if we have any more questions?	<input type="checkbox"/> Yes - Please provide your email <hr style="width: 100px; margin-left: 0;"/> <input type="checkbox"/> No

Thank you for helping us improve our services.

# **Bureau of Consumer Financial Protection**

## **Customer Experience Survey #3**

### **RMR: General Engagement Survey**

Purpose: A general multi-purpose survey for Bureau web and print products, events and meetings.

#### **Privacy Act Statement**

#### **5 U.S.C. 552a(e)(3)**

The information you provide through your responses to the Bureau of Consumer Financial Protection (“Bureau”) will be used to evaluate general engagement of any Research, Markets, and Regulations Division programs.

The Bureau may collect your email address.

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This collection of information is authorized by Pub. L. No. 111-203, Title X, Sections 1013 and 1022, codified at 12 U.S.C. §§ 5493 and 5512.

Participation in this survey is voluntary.

#### **Paperwork Reduction Act Statement**

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Goal	Question	Answer Options
Satisfaction	1. Please rate your OVERALL level of satisfaction with [SERVICE OR PROGRAM]?	<input type="checkbox"/> Extremely Dissatisfied <input type="checkbox"/> Dissatisfied <input type="checkbox"/> Neutral <input type="checkbox"/> Satisfied <input type="checkbox"/> Extremely Satisfied
Confidence	2. This [EVENT / PRODUCT / INTERACTION] increased my confidence in [SUBJECT MATTER].	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree
Value	3. The purpose of my attending the event is (check all that apply):	<input type="checkbox"/> [TOPIC / SUBJECT AREA 1] <input type="checkbox"/> [TOPIC / SUBJECT AREA 2] <input type="checkbox"/> Etc. <input type="checkbox"/> Other (Open Ended)
Value	4. My need(s) was / were addressed	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree
Ease	5. It was easy to complete what I needed to do.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree
Efficiency	6. It took a reasonable amount of time to do what I needed to do.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree
Equality	7. I was treated fairly.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree
Inviting	8. I felt comfortable asking questions.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral

		<input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree <input type="checkbox"/> N/A
Employees	9. Employees I interacted with were helpful.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree <input type="checkbox"/> N/A

**Important note about Open-Ended questions:**

*Please do not share any Personally Identifiable Information (PII), including, but not limited to, your name, address, phone number, email address, Social Security number, etc.*

Technical	10. Did you experience any technical difficulties? If yes, briefly explain.	<input type="checkbox"/> No <input type="checkbox"/> Yes (with text box)
Trust	11. I trust the information the Bureau produces about [TOPIC].	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree
Overall improvement	12. If we could make one improvement, what should it be?	Open Ended
Overall improvement	13. What additional comments do you have?	Open Ended
Overall improvement	Could we contact you if we have any more questions?	<input type="checkbox"/> Yes - Please provide your email _____ <input type="checkbox"/> No

Thank you for helping us improve our services.



# Bureau of Consumer Financial Protection

## Customer Experience Survey #1

### SEFL: Pre-Event Survey

Purpose: Measure customer needs and concerns before an event occurs.

#### Privacy Notice

The information you provide through your responses to the Bureau of Consumer Financial Protection (“Bureau”) will be used to evaluate any pre-event needs by the Supervision, Enforcement, Fair Lending & Equal Opportunity Division.

The Bureau will not collect any personally identifiable information from you.

Participation in this survey is voluntary.

#### Paperwork Reduction Act Statement

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Question	Answer Options
1. Please let us know where you work.	Part 1 - <i>[Department / Org / Sector / Etc.]</i> (drop down menu ▼ or open field) Part 2 - <i>[Sub-category. Ex. Local gov]</i> (drop down menu ▼ or open field)
2. What are you hoping to get out of the event? (click all that apply)	<input type="checkbox"/> <i>[TOPIC / SUBJECT AREA 1]</i> <input type="checkbox"/> <i>[TOPIC / SUBJECT AREA 2]</i> <input type="checkbox"/> Etc. <input type="checkbox"/> Other (Open Ended)

3. How confident do you feel in your knowledge of [SUBJECT MATTER]?	<input type="checkbox"/> Not at all <input type="checkbox"/> Slightly <input type="checkbox"/> Moderately <input type="checkbox"/> Very <input type="checkbox"/> Extremely
4. How do you feel about the location of the event?	<input type="checkbox"/> Very dissatisfied <input type="checkbox"/> Somewhat dissatisfied <input type="checkbox"/> Neither satisfied nor dissatisfied <input type="checkbox"/> Somewhat satisfied <input type="checkbox"/> Very satisfied

**Important note about Open-Ended questions:**

*Please do not share any Personally Identifiable Information (PII), including, but not limited to, your name, address, phone number, email address, Social Security number, etc.*

5. How did you hear about this event?	<input type="checkbox"/> Direct email from a friend/colleague <input type="checkbox"/> Email listserv <input type="checkbox"/> Flyer <input type="checkbox"/> Social media <input type="checkbox"/> Website <input type="checkbox"/> Word of mouth <input type="checkbox"/> Other: (open field)
6. Do you have any accessibility needs we can help with?	<input type="checkbox"/> No <input type="checkbox"/> Yes (with open text field)
7. How can we make [EVENT] valuable to you?	Open-ended
8. What should we do to ensure this event [MEETS YOUR NEEDS / IS A SUCCESS]?	Open-ended

Thank you for helping us improve our services.

# **Bureau of Consumer Financial Protection**

## **Customer Experience Survey #2**

### **SEFL: Post-Event Survey**

Purpose: Measure customer satisfaction after Bureau events and trainings.

#### **Privacy Act Statement**

##### **5 U.S.C. 552a(e)(3)**

The information you provide through your responses to the Bureau of Consumer Financial Protection (“Bureau”) will be used post-event to evaluate any Supervision, Enforcement, Fair Lending & Equal Opportunity Division.

The Bureau may collect your email address.

Information collected on behalf of the Bureau is treated in accordance with the System of Records Notice (“SORN”), CFPB.013, <https://www.federalregister.gov/articles/2012/09/27/2012-23756/privacy-act-of-1974-as-amended>. Although the Bureau does not anticipate further disclosing the information provided, it may be disclosed as indicated in the Routine Uses described in the SORN.

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Participation in this survey is voluntary.

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Question	Answer Options
1. Please let us know where you work.	Part 1 - <i>[Department / Org / Sector / Etc.]</i> (drop down menu ▼ or open field) Part 2 - <i>[Sub-category. Ex. Local gov]</i> (drop down menu ▼ or open field)
2. Overall, how would you rate your satisfaction with this event?	<input type="checkbox"/> Very dissatisfied <input type="checkbox"/> Somewhat dissatisfied <input type="checkbox"/> Neither satisfied nor dissatisfied <input type="checkbox"/> Somewhat satisfied <input type="checkbox"/> Very satisfied
3. After attending our event, how confident do you feel in your knowledge of <i>[SUBJECT MATTER]</i> ?	<input type="checkbox"/> Not at all <input type="checkbox"/> Slightly <input type="checkbox"/> Moderately <input type="checkbox"/> Very <input type="checkbox"/> Extremely
4. How effective were the presentations on conveying the materials?	<input type="checkbox"/> Not at all <input type="checkbox"/> Slightly <input type="checkbox"/> Moderately <input type="checkbox"/> Very <input type="checkbox"/> Extremely
5. How useful will this material be in your work?	<input type="checkbox"/> Not at all <input type="checkbox"/> Slightly <input type="checkbox"/> Moderately <input type="checkbox"/> Very <input type="checkbox"/> Extremely
6. How would you rate your satisfaction with the presenter(s)?	<input type="checkbox"/> Very dissatisfied <input type="checkbox"/> Somewhat dissatisfied <input type="checkbox"/> Neither satisfied nor dissatisfied <input type="checkbox"/> Somewhat satisfied <input type="checkbox"/> Very satisfied

**Important note about Open-Ended questions:**

*Please do not share any Personally Identifiable Information (PII), including, but not limited to, your name, address, phone number, email address, Social Security number, etc.*

7. Was the venue and content fully accessible to you?	<input type="checkbox"/> Yes <input type="checkbox"/> No (with text box)
8. Would you recommend this workshop/session to someone else in your position?	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Employees I interacted with were helpful.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree <input type="checkbox"/> N/A
10. I felt comfortable asking questions.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree <input type="checkbox"/> N/A
11. Did you experience any technical difficulties? If yes, briefly explain.	<input type="checkbox"/> No <input type="checkbox"/> Yes (with text box)
12. How did you hear about this event? (click all that apply)	<input type="checkbox"/> Direct email from a friend/colleague <input type="checkbox"/> Email listserv <input type="checkbox"/> Flyer <input type="checkbox"/> Social media <input type="checkbox"/> Website <input type="checkbox"/> Word of mouth <input type="checkbox"/> [INSERT OPTION] <input type="checkbox"/> Other: (open field)
13. What could we improve for next time?	Open Ended
14. Please provide any additional comments you may have.	Open Ended
Could we contact you if we have any more questions?	<input type="checkbox"/> Yes - Please provide your email <hr style="width: 100px; margin-left: 0;"/> <input type="checkbox"/> No

Thank you for helping us improve our services.

# **Bureau of Consumer Financial Protection**

## **Customer Experience Survey #3**

### **SEFL: General Engagement Survey**

Purpose: A general multi-purpose survey for Bureau web and print products, events and meetings.

#### **Privacy Act Statement**

##### **5 U.S.C. 552a(e)(3)**

The information you provide through your responses to the Bureau of Consumer Financial Protection (“Bureau”) will be used to evaluate general engagement of any Supervision, Enforcement, Fair Lending & Equal Opportunity Division programs.

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Goal	Question	Answer Options
Satisfaction	1. Please rate your OVERALL level of satisfaction with [SERVICE OR PROGRAM]?	<input type="checkbox"/> Extremely Dissatisfied <input type="checkbox"/> Dissatisfied <input type="checkbox"/> Neutral <input type="checkbox"/> Satisfied <input type="checkbox"/> Extremely Satisfied
Confidence	2. This [EVENT / PRODUCT / INTERACTION] increased my confidence in [SUBJECT MATTER].	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree
Value	3. The purpose of my attending the event is (check all that apply):	<input type="checkbox"/> [TOPIC / SUBJECT AREA 1] <input type="checkbox"/> [TOPIC / SUBJECT AREA 2] <input type="checkbox"/> Etc. <input type="checkbox"/> Other (Open Ended)
Value	4. My need(s) was / were addressed	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree
Ease	5. It was easy to complete what I needed to do.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree
Efficiency	6. It took a reasonable amount of time to do what I needed to do.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree
Equality	7. I was treated fairly.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree
Inviting	8. I felt comfortable asking questions.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral

		<input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree <input type="checkbox"/> N/A
Employees	9. Employees I interacted with were helpful.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree <input type="checkbox"/> N/A

**Important note about Open-Ended questions:**

*Please do not share any Personally Identifiable Information (PII), including, but not limited to, your name, address, phone number, email address, Social Security number, etc.*

Technical	10. Did you experience any technical difficulties? If yes, briefly explain.	<input type="checkbox"/> No <input type="checkbox"/> Yes (with text box)
Trust	11. I trust the information the Bureau produces about [TOPIC].	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree
Overall improvement	12. If we could make one improvement, what should it be?	Open Ended
Overall improvement	13. What additional comments do you have?	Open Ended
Overall improvement	Could we contact you if we have any more questions?	<input type="checkbox"/> Yes - Please provide your email _____ <input type="checkbox"/> No

Thank you for helping us improve our services.