

January 15, 2021

«I\_First» «I\_Last»  
«ADDRESS1»  
«ADDRESS2»  
«ADDRESS3»  
«CITY», «STATE» «ZIP»

Dear «I\_First» «I\_Last»:

You were contacted by «A\_First» «A\_Last», an Investigator with the U.S. Office of Personnel Management, National Background Investigations Bureau, as part of a Federal background investigation for «S\_First» «S\_Last».

We are proud of our reputation as a provider of background investigations and we strive to ensure that our investigations are conducted on the highest professional level. We have found that comments and suggestions from people who have been interviewed are extremely helpful in achieving this goal.

Your completion of the brief questionnaire on the back of this letter would be greatly appreciated. If your name and address are incorrectly shown on this letter, please correct your name and address where they are shown above.

We are enclosing a pre-addressed, postage-free envelope for you to use to return the questionnaire. Thank you for your assistance with the investigation and for your time and effort completing the questionnaire.

Sincerely,



Jeffrey C. Flora  
Deputy Assistant Director, Quality  
National Background Investigations Bureau

Enclosure

**Privacy Act Statement:** Pursuant to 5 U.S.C. § 552a (e)(3), this Privacy Act Statement explains why OPM is requesting the information on this form. **Authority:** 5 U.S.C. 301; the Federal Records Act, 44 U.S.C. 3101. **Purpose:** The primary purpose of the information you furnish will be to assess the quality, conduct, and professionalism of the investigator listed above during the course of the investigation. The agency uses this information to appraise, instruct, and improve the performance of Federal staff and contractors to assist in its personnel management evaluation and to determine if additional training or other action is necessary. **Routine Uses:** Information from this form may be disclosed to the investigator listed on the form, if requested and required under the provisions of the Freedom of Information Act and/or the Privacy Act. It also may be disclosed externally as a "routine use" to other entities as described in the OPM Internal-20 Integrity Assurance Officer Control Files system of records notice, available at [www.opm.gov/privacy](http://www.opm.gov/privacy). **Consequences of Failure to Provide Information:** Completing this form is voluntary. There are no adverse effects if you do not complete this form. **Public Burden Information:** Public burden reporting for this collection of information is estimated to average six minutes per response, including time for reading the letter and for reviewing and completing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to U.S. Office of Personnel Management, National Background Investigations Bureau, Attn: OMB Number 3206-0106, 1900 E Street NW, Washington, D.C. 20415. The OMB Number, 3206-0106, is currently valid. OPM may not collect this information unless this number is displayed.

INV 10  
Revised February 2016

W \*«ID»\* «Org\_ID»

«Issue\_Code»