

Chapter 4: Privacy and Civil Liberties Threshold Analysis

Complete this document and send it to your Office or Bureau Privacy Officer. Upon receipt, your Privacy Officer will review the document, may request additional information, and determine if a full Privacy Impact Assessment (PIA) is required.

1. Office or Bureau: OCC

2. Date Submitted for Review:

3. Name of Project: OLCC (Online Consumer Complaint form)

4. OMB Unique Identifier: 1557-0232

5. Type of Project/Program

<input type="checkbox"/> Information Technology	<input type="checkbox"/> Government-owned web site
<input checked="" type="checkbox"/> Information System	<input type="checkbox"/> Other Project/Program (type) _____
<input type="checkbox"/> Information Collection subject to the PRA	<input type="checkbox"/> Other Project/Program (type) _____

6. Provide a general description of the project or system and its purpose in non-technical terms.

The customer complaint form was developed as a courtesy for those that contact the Office of the Comptroller of the Currency's (OCC) Customer Assistance Group (CAG) and wish to file a formal, written complaint. The form allows the consumer to focus their issues and provide a complete picture of their concerns, but is entirely voluntary. It is designed to prevent having to go back to the consumer for additional information, which delays the process. Completion of the form allows the CAG to process the complaint more efficiently.

This collection of information is solicited pursuant to the Federal Trade Commission Act, 15 U.S.C. 57a(f)(1), the purpose of which is to prevent unfair or deceptive acts or practices in or affecting commerce, including acts or practices which are unfair or deceptive to consumers by banks. Agencies must establish a separate division of consumer affairs to receive and take appropriate action upon complaints with respect to such acts or practices by banks subject to its jurisdiction.

The Customer Assistance Group will use the information to create a record of the consumer's contact, including capturing information that can be used to resolve the consumer's issues and provide a database of information that is incorporated into the OCC's supervisory process.

7. Developmental Stage of System/Project

<input type="checkbox"/> This is a new development effort	<input checked="" type="checkbox"/> This is an existing project
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Date first developed: 2009

Date PIA/PCLIA last updated: See the CAG Remedy PIA dated September 5, 2012.

8. Information Collected, Maintained, Used or Disseminated by the system or project.

Please select the appropriate boxes below to identify the types or groupings of information collected by the IT system/project. If the IT system/project uses groupings or information that are not listed below, please add them using the additional spaces provided.

Biographical/General Information Regarding Individuals		
<input checked="" type="checkbox"/> Name	<input type="checkbox"/> Gender	<input type="checkbox"/> Group/Organization Membership
<input type="checkbox"/> Birth Date	<input type="checkbox"/> Race/Ethnicity	<input type="checkbox"/> Military Service Information
<input checked="" type="checkbox"/> Home Physical Mailing Address	<input type="checkbox"/> Citizenship	<input type="checkbox"/> Marital Status
<input checked="" type="checkbox"/> Personal Cell Number	<input type="checkbox"/> Nationality	<input type="checkbox"/> Mother's Maiden Name
<input checked="" type="checkbox"/> Personal Home Phone or Fax Number	<input type="checkbox"/> Country of Birth	<input type="checkbox"/> Spouse Information
<input checked="" type="checkbox"/> Personal e-mail address	<input type="checkbox"/> City or County of Birth	<input type="checkbox"/> Children Information
<input type="checkbox"/> Alias (including nickname)	<input type="checkbox"/> Immigration Status	<input type="checkbox"/> Information about other relatives.
<input type="checkbox"/> Education Information	<input type="checkbox"/> Religion/Religious Preference	<input type="checkbox"/> References or other information about an individual's friends, associates or acquaintances.
<input checked="" type="checkbox"/> Personal Financial Information (including loan information)	<input type="checkbox"/> Passport Information	<input type="checkbox"/> Global Positioning System (GPS)/Location Data
<input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> User names, avatars etc.	<input type="checkbox"/> Secure Digital (SD) Card or Other Data stored on a card or other technology
<input type="checkbox"/> Cell tower records (e.g., logs, user location, time etc.)	<input type="checkbox"/> Contact lists and directories	<input type="checkbox"/> Other (please describe) -----
<input type="checkbox"/> Network communications	<input type="checkbox"/> Device settings or preferences (e.g., security	<input type="checkbox"/> Other (please describe) -----

data	level, sharing options, ringtones).	
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Identifying Numbers Assigned to Individuals		
<input checked="" type="checkbox"/> Full Social Security Number	<input checked="" type="checkbox"/> Personal Bank Account Number	
<input checked="" type="checkbox"/> Truncated Social Security Number (e.g., last 4 digits)	<input type="checkbox"/> Health Plan Beneficiary Number	
<input type="checkbox"/> Employee Identification Number	<input checked="" type="checkbox"/> Credit Card Number	
<input type="checkbox"/> Taxpayer Identification Number	<input type="checkbox"/> Patient ID Number	
<input type="checkbox"/> File/Case ID Number	<input type="checkbox"/> Vehicle Identification Number	
<input type="checkbox"/> Alien Registration Number	<input type="checkbox"/> Driver's License Number	
<input type="checkbox"/> Personal device identifiers or serial numbers	<input type="checkbox"/> License Plate Number	
<input type="checkbox"/> Internet Protocol (IP) Address (where known to belong to an individual or unknown whether the IP address belongs to an individual or organization)	<input type="checkbox"/> Professional License Number	
<input type="checkbox"/> Other (please describe): _____		

Medical/Emergency Information Regarding Individuals		
<input type="checkbox"/> Medical/Health Information	<input type="checkbox"/> Worker's Compensation Act Information	<input type="checkbox"/> Patient ID Number
<input type="checkbox"/> Mental Health Information	<input type="checkbox"/> Disability Information	<input type="checkbox"/> Emergency Contact Information (e.g., a third party to contact in case of emergency)
<input type="checkbox"/> Other (please describe): _____		

Biometrics/Distinguishing Features/Characteristics of Individuals		
<input type="checkbox"/> Physical description/ characteristics (e.g. hair, eye color, weight, height, sex, gender etc.)	<input type="checkbox"/> Signatures	<input type="checkbox"/> Vascular scans
<input type="checkbox"/> Fingerprints	<input type="checkbox"/> Photos	<input type="checkbox"/> Retina/Iris Scans
<input type="checkbox"/> Palm prints	<input type="checkbox"/> Video	<input type="checkbox"/> Dental Profile
<input type="checkbox"/> Voice audio recording	<input type="checkbox"/> Scars, marks, tattoos	<input type="checkbox"/> DNA Sample or Profile
<input type="checkbox"/> Other (please describe): _____	<input type="checkbox"/> Other (please describe): _____	<input type="checkbox"/> Other (please describe): _____

Specific Information/File Types That Include Information Regarding Individuals		
<input type="checkbox"/> Taxpayer Information/Tax Return Information	<input type="checkbox"/> Law Enforcement Information	<input type="checkbox"/> Security Clearance Information
<input type="checkbox"/> Civil/Criminal History Information/Police Records	<input type="checkbox"/> National Security/Classified Information	<input type="checkbox"/> Bank Secrecy Act Information
<input type="checkbox"/> Protected	<input type="checkbox"/> Case files	<input type="checkbox"/> Personnel Files

Information (as defined in Treasury Directive 25-10)		
<input type="checkbox"/> Information provided under a confidentiality agreement	<input type="checkbox"/> Information subject to the terms of an international or other agreement	<input type="checkbox"/> Other (please describe): _____

Audit Log and Security Monitoring Information		
<input type="checkbox"/> User ID assigned to a user of Treasury IT	<input type="checkbox"/> Date and time an individual accesses a facility, system, or other IT	<input type="checkbox"/> Files accessed by a user of Treasury IT
<input type="checkbox"/> Passwords generated by a user of Treasury IT	<input type="checkbox"/> Internet or other queries run by a user of Treasury IT	<input type="checkbox"/> Contents of files accessed by a user of Treasury IT
<input type="checkbox"/> Video of individuals derived from security cameras	<input type="checkbox"/> Biometric information used to access Treasury facilities or IT	<input type="checkbox"/> Public Key Information.
<input type="checkbox"/> Information revealing an individual's presence in a particular location as derived from security token/key fob, employee identification card scanners or other IT or devices	<input type="checkbox"/> Still photos of individuals derived from security cameras.	<input type="checkbox"/> Other (please describe): _____ _____

Other	
<input type="checkbox"/> Other (please describe): _____	<input type="checkbox"/> Other (please describe): _____
<input type="checkbox"/> Other (please describe): _____	<input type="checkbox"/> Other (please describe): _____

9. What is the current status of the system or project with respect to its collection, maintenance, use or dissemination of PII?

(Please read all options and select “Yes” for each statement that is true and “No” for each statement that is false) (all boxes must be completed)

<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No The project is in the process of developing or procuring IT systems or projects that collect, maintain, or disseminate PII from or about members of the public, including government personnel, interns, and/or government contractors and consultants	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No This is an existing system or project that previously did not collect, maintain, use or disseminate PII, but is undergoing a system or process modification that will require the collection, maintenance, use, or dissemination of PII
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No The system or project is initiating, consistent with the Paperwork Reduction Act (PRA), a new collection of	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No The system or project is government-run public websites where the user is asked to provide information for purposes

PII for 10 or more persons (excluding agencies, instrumentalities, or employees of the federal government)	other than merely providing feedback (e.g., questions or comments) or obtaining additional information from Treasury
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No The system or project is a national security system (as defined in TD P 25-07) that contains PII	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No The system or project maintains, uses, and/or disseminates PII after it is collected from a Treasury website
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No The system or project is a government-run website that collects or maintains PII about members of the general public, government personnel, or government contractors and consultants	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No The system or project collects, maintains, uses, and/or disseminates PII related to internal government operations.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No The system or project is a Federal information system that collects or maintains PII about members of the general public, government personnel, or government contractors and consultants	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No The system or project involves the collection, maintenance, use or dissemination of PII, and all elements of a PCLIA are not covered in another agreement or document
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No The system or project is a Treasury IT system, that collects or maintain PII about members of the general public, government personnel, or government contractors and consultants	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No The system or project is undergoing major modifications or other modifications that may create new privacy risks (this could occur when adding news types of PII that create new risks [e.g., health information], converting from paper to electronic, collecting information from new sources [including commercial sources], merging information from new databases, altering user-authentication technology, expanding access to new groups of users)
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No The system or project is part of a cross-agency initiative (including those that further electronic government) in which a Treasury bureau or office is the lead agency.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No The system or project maintains records describing how an individual exercises rights guaranteed by the First Amendment (including, but not limited to information regarding religious and political beliefs, freedom of speech and of the press, and freedom of assembly and petition)."

10. Has this system acquired certification and accreditation/Security Assessment and Authorization?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Do not know
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Please indicate the determinations for each of the following:

Confidentiality	<input type="checkbox"/> Low	<input checked="" type="checkbox"/> Moderate	<input type="checkbox"/> High	<input type="checkbox"/> Undefined
Integrity:	<input type="checkbox"/> Low	<input checked="" type="checkbox"/> Moderate	<input type="checkbox"/> High	<input type="checkbox"/> Undefined
Availability:	<input type="checkbox"/> Low	<input checked="" type="checkbox"/> Moderate	<input type="checkbox"/> High	<input type="checkbox"/> Undefined

11. Please answer the following questions regarding the system or project:

Was a PIA or PCLIA previously conducted for this system or project?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, on what date was the previous PIA/PCLIA completed?	Date:
Was a system of records notice (SORN) (if required under the	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Privacy Act) published in the Federal Register with respect to any of the information maintained by the system or project?	
If yes, please provide a Federal Register citation for the SORN.	Federal Register Citation: 77 FR 37475

(To be completed by the Office or Bureau Privacy Officer)

Date Reviewed: _____

Privacy Officer Name: _____

ADDITIONAL COMMENTS: