

**Request for Approval under the "Generic Clearance for Improving
Customer Experience: OMB Circular A-11, Section 280
Implementation"
(OMB Control Number: 0690-0035)**

TITLE OF INFORMATION COLLECTION: Trademark Assistance Center Feedback

PURPOSE OF COLLECTION:

USPTO wants to collect customer feedback on the Trademark Assistance Center, which is a contact center available to all trademark customers. The feedback will be used by the business unit to gain insight into the customer experience while receiving assistance. This will also assist with identifying and implementing enhancements to the customer experience.

TYPE OF ACTIVITY: (Check one)

- Customer Research (Interview, Focus Groups)
- Customer Feedback Survey
- User Testing

ACTIVITY DETAILS

1. How will you collect the information? (Check all that apply)

- Web-based or other forms of Social Media
- Telephone
- In-person
- Mail
- Other, Explain

2. Who will you collect the information from?

Surveys will be sent to a sampling of customers who called the Trademark Assistance Center. Every caller who provided their email either on the call or in a previous interaction with the Trademark Assistance Center will receive the survey. On a weekly basis, the Trademark Assistance Center staff will gather a list of customers who contacted the Trademark Assistance Center. This list will be checked for duplicates to ensure customers do not receive multiple invitations to take the survey during the same one week period.

3. How will you ask a respondent to provide this information?

Respondents will receive an email with a link to the survey.

4. What will the activity look like?

When a respondent selects the link from the email, the survey will open in their web browser. The entire survey appears on a single webpage, with brief instructions at the

top of the page. After responding to the questions, a respondent selects the Submit button. Next, the respondent is redirected to a confirmation and thank you page.

5. Please provide your question list.

See attached spreadsheet, “USPTO-TM-TrademarkAssistanceCenter-QuestionList.xlsx” for full question list with branching logic in the “Model Questions” and “Custom Questions” worksheets.

Please make sure that all instruments, instructions, and scripts are submitted with the request.

See attached spreadsheet, “USPTO-TM-TrademarkAssistanceCenter-QuestionList.xlsx” for instructions in the “Welcome and Thank You Text” worksheet.

6. When will the activity happen?

This survey will be sent on a weekly basis.

7. Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants?

Yes No

If Yes, describe:

BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden Hours
Private Sector: Customer survey for callers	10,947	4 minutes	730
Other: Customer survey for callers	1,665	4 minutes	111
Totals	12,612		841

CERTIFICATION:

I certify the following to be true:

1. The collections are voluntary;
2. The collections are low-burden for respondents (based on considerations of total burden hours or burden-hours per respondent) and are low-cost for both the respondents and the Federal Government;
3. The collections are non-controversial and do not raise issues of concern to other Federal agencies;
4. Any collection is targeted to the solicitation of opinions from respondents who have experience with the program or may have experience with the program in the near future;
5. Personally identifiable information (PII) is collected only to the extent necessary and is not retained;
6. Information gathered is intended to be used for general service improvement and program management purposes; and,

7. Information gathered will only be shared publically in the manner described in the umbrella clearance of this control number.

Name: Charles Thomas_____

All instruments used to collect information must include:

OMB Control No. 0690-0035

Expiration Date: 09/30/2023

HELP SHEET
(OMB Control Number: 0690-0035)

TITLE OF INFORMATION COLLECTION: Provide the name of the collection that is the subject of the request. (e.g. Comment card for soliciting feedback on xxxx)

PURPOSE: Provide a brief description of the purpose of this collection and how it will be used. If this is part of a larger study or effort, please include this in your explanation.

TYPE OF COLLECTION: Check one box. If you are requesting approval of other instruments under the generic, you must complete a form for each instrument.

CERTIFICATION: Please read the certification carefully. If you incorrectly certify, the collection will be returned as improperly submitted or it will be disapproved.

Personally Identifiable Information: Agencies should only collect PII to the extent necessary, and they should only retain PII for the period of time that is necessary to achieve a specific objective.

BURDEN HOURS:

Category of Respondents: Identify who you expect the respondents to be in terms of the following categories: (1) Individuals or Households;(2) Private Sector; (3) State, local, or tribal governments; or (4) Federal Government. Only one type of respondent can be selected per row.

No. of Respondents: Provide an estimate of the Number of respondents.

Participation Time: Provide an estimate of the amount of time required for a respondent to participate (e.g. fill out a survey or participate in a focus group)

Burden: Provide the Annual burden hours: Multiply the Number of responses and the participation time and divide by 60.