

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

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**TITLE OF INFORMATION COLLECTION:** Office Action Quality Survey for Trademarks

**PURPOSE OF COLLECTION:**

*What are you hoping to learn / improve? How do you plan to use what you learn? Are there artifacts (user personas, journey maps, digital roadmaps, summary of customer insights to inform service improvements, performance dashboards) the data from this collection will feed?*

USPTO wants to collect customer feedback on the legal quality of its office actions (i.e., official letters) sent during trademark application prosecution. The feedback will be used by the business unit to gain insight into the quality and accuracy of the writing and evidence provided by USPTO examining attorneys. This data will assist with improving these office actions.

**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?

*Explain who will be interviewed and why the group is appropriate for the Federal program / service to connect with. Please provide a description of how you plan to identify your potential group of respondents and if only a sample will be solicited for feedback, how you will select them (e.g., anyone who provided an email address to a call center rep, a representative sample of Veterans who received outpatient services in May 2019, do you have a list of customers to reach out to (e.g., a CRM database that has the contact information, intercept interviews at a particular field office?)*

Surveys will be sent to trademark attorneys who have previously represented clients before the USPTO. The nature of this specific survey is to evaluate the legal quality and accuracy of the office actions, so respondents must be legal professionals.

3. How will you ask a respondent to provide this information? *(e.g., after an application is submitted online, the final screen will present the opportunity to provide feedback by presenting a link to a feedback form / an actual feedback form)*

Respondents will receive an email with a link to the survey and a list of application serial numbers to select from for evaluation.

4. What will the activity look like?

*Describe the information collection activity - e.g. what happens when a person agrees to participate? Will facilitators or interviewers be used? What's the format of the interview/focus group? If a survey, describe the overall survey layout/length/other details? If User Testing, what actions will you observe / how will you have respondents interact with a product you need feedback on?*

When a respondent selects the link from the email, the survey will open in their web browser. Respondents will select an application serial number from the list provided, then review the office action associated with that serial number and complete the survey.

5. Please provide your question list.

- 1) Which of the following best describes your primary role?
- 2) Which of the following best describes your organization?
- 3) How many years of trademark law experience do you have?
- 4) Have you been an examining attorney with USPTO within the last 10 years?
- 5) Enter the application serial number:
- 6) Enter the mark:
- 7) What is the first issue raised by the examining attorney? *(e.g., 2(d); identification of goods)*
- 8) To what extent do you agree with the examining attorney's decision?
  - a. Strongly agree (5)
  - b. Agree (4)
  - c. Neither agree nor disagree (3)
  - d. Disagree (2)
  - e. Strongly disagree (1)
- 9) Why do you agree or disagree with the examining attorney's decision?

- 10) Rate the quality of the writing of this issue.
  - a. Excellent (5)
  - b. Satisfactory (3)
  - c. Unsatisfactory (1)
- 11) Please list any comments you have about the quality of the explanation.
- 12) Rate the quality of the evidence of this issue.
  - a. Excellent (5)
  - b. Satisfactory (3)
  - c. Unsatisfactory (1)
- 13) Please list any comments you have about the quality of the evidence.
- 14) Is the amount of evidence appropriate?
  - a. Yes
  - b. No, there was not enough credible evidence
  - c. No, there was more evidence than necessary to support the refusal
  - d. Not applicable
- 15) Is there a second issue raised by the examining attorney in this office action? (Yes/No)
  - a. Note on survey logic: If the respondent selects "No", then the survey ends. If the respondent selects "Yes", then they will receive questions 6-14 for the second issue in the office action. Most office actions only have 1 issue, but they survey allows up to 5 issues.
- 16) Please rate your level of agreement with the following statement: The office action provides enough information to determine how you should advise your client to proceed and how you should respond to the office action.
  - a. Strongly agree (5)
  - b. Agree (4)
  - c. Neither agree nor disagree (3)
  - d. Disagree (2)
  - e. Strongly disagree (1)
- 17) The amount of information in the office action is:
  - a. Just right
  - b. Too much
  - c. Too little
  - d. Don't know
- 18) Could an issue in this office action have been resolved by contacting the examining attorney by phone or email prior to the issuance of the office action?
  - a. Yes \_\_\_\_\_
  - b. No \_\_\_\_\_
- 19) If "Yes", please explain:
- 20) Did the examining attorney miss an issue that should have been raised in the office action?
- 21) If "Yes", please explain:

22) If you have any additional comments or suggestions regarding this office action, please list them here:

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

See attached email to customers with survey instructions: "USPTO-TM-InvitationEmail-OfficeActionEvalSurvey"

See attached spreadsheet with list of application serial numbers referenced in the instructions email: "TM-OfficeActionSurvey-ApplicationSerialNumbers"

6. When will the activity happen?

*Describe the time frame or number of events that will occur (e.g., We will conduct focus groups on May 13,14,15, We plan to conduct customer intercept interviews over the course of the Summer at the field offices identified in response to #2 based on scheduling logistics concluding by Sept. 10<sup>th</sup>, or "This survey will remain on our website in alignment with the timing of the overall clearance.")*

This survey will be sent to customers beginning October 2020 and remain open until the target number of respondents have completed the survey.

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: Customers who complete the survey	150	1 hour	150
<b>Totals</b>	<b>150</b>		<b>150</b>

#### **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 /Trademarks \_\_\_\_\_

**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)**

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**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.