

Consumer Financial Protection Bureau

Customer Experience Survey #1

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 Bureau

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 xx/xx/xxxx. 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.

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.