

Consumer Financial Protection Bureau

Customer Experience Survey #2

Post-Event Survey

Purpose: Measure customer satisfaction after Bureau events and trainings.

Privacy Act Statement

5 U.S.C. 552a(e)(3)

The information you provide through your responses to the Bureau of Consumer Financial Protection (“Bureau”) will be used post-event to evaluate any Bureau programs.

The Bureau may collect your email address.

Information collected on behalf of the Bureau is treated in accordance with the System of Records Notice (“SORN”), CFPB.013, <https://www.federalregister.gov/articles/2012/09/27/2012-23756/privacy-act-of-1974-as-amended>. Although the Bureau does not anticipate further disclosing the information provided, it may be disclosed as indicated in the Routine Uses described in the SORN.

This collection of information is authorized by Pub. L. No. 111-203, Title X, Sections 1013 and 1022, codified at 12 U.S.C. §§ 5493 and 5512.

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 - [Department / Org / Sector / Etc.] (drop down menu ▼ or open field) Part 2 - [Sub-category. Ex. Local gov] (drop down menu ▼ or open field)
2. Overall, how would you rate your satisfaction with this 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
3. After attending our event, 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 effective were the presentations on conveying the materials?	<input type="checkbox"/> Not at all <input type="checkbox"/> Slightly <input type="checkbox"/> Moderately <input type="checkbox"/> Very <input type="checkbox"/> Extremely
5. How useful will this material be in your work?	<input type="checkbox"/> Not at all <input type="checkbox"/> Slightly <input type="checkbox"/> Moderately <input type="checkbox"/> Very <input type="checkbox"/> Extremely
6. How would you rate your satisfaction with the presenter(s)?	<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.

7. Was the venue and content fully accessible to you?	<input type="checkbox"/> Yes <input type="checkbox"/> No (with text box)
8. Would you recommend this workshop/session to someone else in your position?	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Employees I interacted with were helpful.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree <input type="checkbox"/> N/A
10. I felt comfortable asking questions.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree <input type="checkbox"/> N/A
11. Did you experience any technical difficulties? If yes, briefly explain.	<input type="checkbox"/> No <input type="checkbox"/> Yes (with text box)
12. How did you hear about this event? (click all that apply)	<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"/> [INSERT OPTION] <input type="checkbox"/> Other: (open field)
13. What could we improve for next time?	Open Ended
14. Please provide any additional comments you may have.	Open Ended
Could we contact you if we have any more questions?	<input type="checkbox"/> Yes - Please provide your email <hr style="width: 100px; margin-left: 0;"/> <input type="checkbox"/> No

Thank you for helping us improve our services.