

# **Consumer Financial Protection Bureau**

## **Customer Experience Survey #3**

### **General Engagement Survey**

Purpose: A general multi-purpose survey for Bureau web and print products, events and meetings.

#### **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 to evaluate general engagement of 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 the Consumer Financial Protection (Attention: PRA Office), 1700 G Street NW, Washington, DC 20552, or by email to [CFPB\\_PRA@cfpb.gov](mailto:CFPB_PRA@cfpb.gov).

Goal	Question	Answer Options
Satisfaction	1. Please rate your OVERALL level of satisfaction with [SERVICE OR PROGRAM]?	<input type="checkbox"/> Extremely Dissatisfied <input type="checkbox"/> Dissatisfied <input type="checkbox"/> Neutral <input type="checkbox"/> Satisfied <input type="checkbox"/> Extremely Satisfied
Confidence	2. This [EVENT / PRODUCT / INTERACTION] increased my confidence in [SUBJECT MATTER].	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree
Value	3. The purpose of my attending the event is (check all that apply):	<input type="checkbox"/> [TOPIC / SUBJECT AREA 1] <input type="checkbox"/> [TOPIC / SUBJECT AREA 2] <input type="checkbox"/> Etc. <input type="checkbox"/> Other (Open Ended)
Value	4. My need(s) was / were addressed	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree
Ease	5. It was easy to complete what I needed to do.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree
Efficiency	6. It took a reasonable amount of time to do what I needed to do.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree
Equality	7. I was treated fairly.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree
Inviting	8. 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
Employees	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

**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.*

Technical	10. Did you experience any technical difficulties? If yes, briefly explain.	<input type="checkbox"/> No <input type="checkbox"/> Yes (with text box)
Trust	11. I trust the information the Bureau produces about [TOPIC].	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree
Overall improvement	12. If we could make one improvement, what should it be?	Open Ended
Overall improvement	13. What additional comments do you have?	Open Ended
Overall improvement	Could we contact you if we have any more questions?	<input type="checkbox"/> Yes - Please provide your email _____ <input type="checkbox"/> No

Thank you for helping us improve our services.