

**Request for Approval under the “Generic Clearance for Improving
Customer Experience: OMB Circular A-11, Section 280
Implementation”
(OMB Control Number: 2511-0001)**

TITLE OF INFORMATION COLLECTION: FHEO Filing a Complaint Pop Up Survey

PURPOSE OF COLLECTION:

To collect customer experience feedback regarding the inspection process when a customer files a discrimination complaint. This feedback will provide FHEO insight into the quality of services received by HUD during the inspection process.

Data gathered through a survey will be used to explore and evaluate HUD’s role in improving services associated with submitting a discrimination complaint.

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?

We will collect the information from customers who have filed a discrimination complaint and who have been contacted by HUD regarding the inspection process and have been waiting more than 100 days for more details regarding the complaint investigation.

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

A QR code will be included at the bottom of the certified letter that the complainant will receive when it has been 100 days + since being first contacted about the start of the inspection.

The copy at the bottom of the letter will include:

Let Us Hear Your Feedback

(insert QR code)

4. What will the activity look like?

Customer Experience feedback will be collected through a generated URL from the Medallia platform which will be displayed via QR code on the bottom of certified letter that the complainant will receive at the 100th day of the inspection process. The beginning of the survey explains the nature of the survey.

If a customer chooses to participate, they will scan the QR code with their phone and will be taken to the survey. The survey should take 5 minutes if fully filled out. Question response types include multiple choice (including some 1-5 scale Likert questions) 1 rating scale, and one optional open comment question.

A/B testing will be conducted at launch to include testing out the format of A-11 driver specific question to determine which survey format has the least amount of burden for customers to complete but still provide HUD with driver based CX insights. A/B testing will be based off of a random sampling of customers that click on the feedback link to fill out the survey. Testing will last approximately 3-6 months and testing comparison will be based off average response rate (percentage of those customers that click on the survey versus complete the survey) and time of completion (how long does it take for customers to complete the survey).

5. Please provide your question list.

Format A: Includes specific questions based on each driver, allowing customers to choose on a 1-5 Likert Scale.

| A-11 Metric/Driver | Question | Alt Set |
|----------------------------|---|--|
| Trust | I trust HUD to address housing discrimination | 1-5: Strongly DisagreeStrongly Agree |
| Satisfaction | How would you rate your experience with the services received from HUD? | 1-5 Stars |
| Equity/Transparency | I understand what was being asked of me throughout the process | 1-5: Strongly DisagreeStrongly Agree |
| Equity/Transparency | I was treated fairly during the investigation process | 1-5: Strongly DisagreeStrongly Agree |
| Service Quality | I feel that my needs during the discrimination process were met | 1-5; Strong Disagree.... Strongly Agree |

| | | |
|--|--|---|
| Employee Interaction/Helpfulness/Warmth | The HUD employees I interacted with during the discrimination complaint process were helpful | 1-5; Strong Disagree.... Strongly Agree |
| Open Comment | How can we improve your experience? (optional) | |

Format B: Will be based upon survey logic. If a customer chooses the answer set of 1-3 stars when answering “How would you rate your experience from services received from HUD?” the following question would appear before the open comment question:

| A-11 Metric/Driver | Question | Alt Set |
|---------------------|---|---|
| Trust | I trust HUD to address housing discrimination | 1-5: Strongly DisagreeStrongly Agree |
| Satisfaction | How would you rate your experience with the services received from HUD? | 1-5 Stars |
| Drivers | What factors contributed to your rating? | <ul style="list-style-type: none"> Investigation not effective Process not clear Process not fair HUD employees not helpful |
| Open Comment | How can we improve your experience? (optional) | |

If a customer chooses the answer set of 4-5 stars when answering “How would you rate your experience with the services received from HUD?” the following question will appear:

| A-11 Metric/Driver | Question | Alt Set |
|---------------------|---|--|
| Trust | I trust HUD to address housing discrimination | 1-5: Strongly DisagreeStrongly Agree |
| Satisfaction | How would you rate your experience with the services received from HUD? | 1-5 Stars |
| Drivers | What factors contributed to your rating? | <ul style="list-style-type: none"> Effectiveness of investigation Clarity of process |

| | | |
|---------------------|--|--|
| | | <ul style="list-style-type: none"> • Process fairness • HUD employee helpfulness |
| Open Comment | How can we improve your experience? (optional) | |

6. When will the activity happen?

We are aiming to have the survey available via QR code for the 100-day inspection notice certified letter by June 2023.

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 |
|------------------------|--------------------|--------------------|--------------|
| Individual | 1800 | 5 min | 150 |

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
7. Upon agreement between OMB and the agency aggregated data may be released as part of A-11, Section 280 requirements only on performance.gov. Summaries of customer research and user testing activities may be included in public-facing customer journey maps.

8. Additional release of data will be coordinated with OMB.

Name: Amber S. Chaundry

All instruments used to collect information must include:

OMB Control No. 2511-0001

Expiration Date: 09/30/2024

HELP SHEET
(OMB Control Number: XXXX-XXXX)

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.