

**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 Case Completed Survey

PURPOSE OF COLLECTION:

To collect customer experience feedback on the overall discrimination complaint process. This feedback will provide FHEO insight into the overall quality and satisfaction of service HUD offers during the discrimination complaint 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

Certified letter delivered to complainant after case completed will include a tiny URL survey link.

2. Who will you collect the information from?

We will collect the information from customers who complete the process of filing out a discrimination complaint and have received a certified letter stating their case has been completed (closed). A case completed can mean that a complainant signed settlement, the discrimination case is charged or no cause was found.

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

At the end of the certified letter that the complainant receives after the case is completed, there will be content that say “Let Us Hear your Feedback” and a QR code that the complainant can scan using a mobile phone. The survey will then pop up on the phone that they can fill out.

The content will include:

Let Us Hear your Feedback

(QR code with survey link)

4. What will the activity look like?

Customer Experience feedback will be collected through the Medallia platform which customers will be able to visit via the tiny URL printed on the case closed certified letter. The beginning of the survey explains the nature of the survey.

If a customer chooses to participate, they will scan the QR code on a mobile 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.

Metric/Driver to Measure	Question	Answer Set
Trust	I trust HUD to address housing discrimination	1-5: Strongly DisagreeStrongly Agree
Satisfaction	How would you rate your	1-5 Stars

	experience with the services received from HUD?	
Equity/Transparency	The investigation process was transparent and easy to understand.	1-5: Strongly DisagreeStrongly Agree
Equity/Transparency	I was treated fairly during the investigation process	1-5: Strongly DisagreeStrongly Agree
Ease/Simplicity	It was easy for me to follow the steps in HUD's discrimination complaint process ** If score 1-2, then a question will pop up asking: Can you please provide more details regarding your answer	1-5; Strong Disagree.... Strongly Agree
Speed/Efficiency	It took a reasonable amount to complete the discrimination complaint process	1-5; Strong Disagree.... Strongly 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 with the services received from HUD” the following question would appear before the open comment question:

A-11 Metric/Driver	Question	Alt Set
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Trust	I trust HUD to address housing discrimination in a fair and equitable way	1-5: Strongly Disagree ...Strongly Agree
Satisfaction	How would you rate your experience with the services received from HUD?	1-5 Stars
Drivers	What factors contributed to your rating? (choose all that apply)	<ul style="list-style-type: none"> Investigation not effective Process not clear Investigation not fair Investigation process difficult Time to complete investigation 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 from 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 in a fair and equitable way	1-5: Strongly Disagree ...Strongly Agree
Satisfaction	How would you rate your experience with the services received from HUD?	1-5 Stars
Drivers	What factors contributed to your rating? (choose all that apply)	<ul style="list-style-type: none"> Effectiveness of investigation Clarity of process Process fairness Ease of participating in investigation Time to complete investigation HUD employee helpfulness
Open Comment	How can we improve your experience? (optional)	

6. When will the activity happen?

We are aiming to launch the survey by June 2023. We will include adding the content and QR cod to the survey in the template used when sending out case closed certified letters.

7. Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants?
[] Yes [X] No
If Yes, describe:

BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden Hours
Individual	1800	5 min	150 hours

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.

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**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.