

**PAPERWORK BURDEN DISCLOSURE NOTICE**  
**FEMA Form FF-104-FY-24-120**

Public reporting burden for this data collection is estimated to average 4-6 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472-3100, Paperwork Reduction Project (1660-0130) **NOTE: Do not send your completed form to this address.**

**PRIVACY ACT STATEMENT**

**AUTHORITY:** Government Performance and Results Act of 1993 (Pub. L. 103-62), as amended, and the GPRM Modernization Act of 2010 (Pub. L. 111-352); Executive Order (EO) 12862, "Setting Customer Service Standards"; and its March 23, 1995 Memorandum addendum, "Improving Customer Service"; Executive Order 13411 "Improving Assistance for Disaster Victims"; Executive Order 13571 "Streamlining Service Delivery and Improving Customer Service"; and the related June 13, 2011 Memorandum "Implementing Executive Order 13571 on Streamlining Service Delivery and Improving Customer Service."

**PRINCIPAL PURPOSE(S):** DHS/FEMA collects this information to measure Hermit's Peak/Calf Canyon claimant satisfaction with Claims Office services.

**ROUTINE USES:**

This information is used for the principal purpose noted above. Summary and/or aggregate survey results and analysis may be shared with Congress and the Government Accountability Office; however, no Personally Identifiable Information (PII) will be shared externally, except as allowed under the routine uses published in System of Records Notice DHS/FEMA-008 - Disaster Recovery Assistance Files, 78 FR 25282 (April 30, 2013), or as required by law. The Department's system of records notices can be found on the Department's website at <http://www.dhs.gov/system-records-notices-sorns>.

**DISCLOSURE:** The disclosure of information on this form is strictly voluntary and will assist the Hermit's Peak/Calf Canyon Claims Office in making improvements to its Claims program; failure to provide the information requested will not impact an individual's ability to qualify for or receive Claims Office assistance. Questions regarding this form may be submitted via email to [FEMA-CSA-Survey@fema.dhs.gov](mailto:FEMA-CSA-Survey@fema.dhs.gov).

**Introduction – Phone Survey** (Where Claim Type = Individual)

Hello, I'm calling from FEMA, the Federal Emergency Management Agency. My name is \_\_\_\_\_ and my PIN is \_\_\_\_\_. May I please speak with [Claimant name]?

**Introduction – Phone Survey** (Where Claim Type = Business, Government, Tribal, or Not-for-Profit and the Name field does not include a person's name )

Hello, I'm calling from FEMA, the Federal Emergency Management Agency. My name is \_\_\_\_\_ and my PIN is \_\_\_\_\_. May I please speak with **the person most familiar with the Hermits Peak/Calf Canyon Claim?** [Claimant name]?

*If no:* Thank you for your time and have a good day/evening.

*If yes:* You recently received an Acknowledgement letter from the Hermit's Peak/Calf Canyon Claims Office and may have had interactions with Claims Office staff in-person or over the phone. The Claims Office is looking to improve the process and value your input to help us do that. This confidential survey helps the Claims Office make sure that your needs are being heard and our process is continuously improved. Would you volunteer to take 4-6 minutes to answer some questions?

*If no:* What would be a better time to call back? Thank you for your time and have a good day/evening.

*If yes:* These questions comply with the Privacy Act of 1974 and have been approved by the Office of Management and Budget under number 1660-0130. Your answers will not affect the outcome of your claim. This call may be monitored and/or recorded for quality assurance.



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**STAFF**

Using a scale of 1 (Poor) to 5 (Excellent), please rate the Claims Office staff **who assisted you** on...

	<b>1 Poor</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5 Excellent</b>
12. Politeness and respect towards you	<input type="checkbox"/>				
13. Showing interest in helping	<input type="checkbox"/>				
14. Taking the time to listen to you	<input type="checkbox"/>				
15. Their overall customer service	<input type="checkbox"/>				

**CUSTOMER SERVICE & EXPECTATIONS**

Thinking about your experience with staff and various meetings, on a rating scale of 1 (Not at all Satisfied) to 5 (Very Satisfied), or No Experience, how satisfied were you with the following:

	<b>1 Not at all Satisfied</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5 Very Satisfied</b>	<b>No Experience</b>
16. The overall Claims Office experience at this point in time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Closing**

Thank you for your time. Have a good day/evening