

**Request for Approval under the "Generic Clearance for Improving
Customer Experience: OMB Circular A-11, Section 280
Implementation"
(OMB Control Number: 1225-0093)**

TITLE OF INFORMATION COLLECTION: Post-event customer feedback survey for Division of Energy Employees Occupational Illness Compensation(DEEOIC)outreach events.

PURPOSE OF COLLECTION:

This is a revision to an existing paper survey designed to assess customer satisfaction with and gather customer feedback from a series of DEEOIC outreach events.

TYPE OF ACTIVITY:

- ☐ Customer Research (Interview, Focus Groups, Surveys)
- ☒ Customer Feedback Survey
- ☐ Usability Testing of Products or Services

ACTIVITY DETAILS

1. If this is a survey, will the results of this survey be reported to Touchpoints as part of quarterly reporting obligations specified in OMB Circular A-11 Section 280?

- ☒ Yes
- ☐ No
- ☐ Not a survey

2. How will you collect the information?

- ☐ Web-based or other forms of Social Media
- ☐ Telephone
- ☒ In-person
- ☐ Mail
- ☐ Other, Explain

3. Who will you collect the information from?

DEEOIC stakeholders who attend in-person outreach events throughout the country. Generally this includes claimants, family members, and Authorized Representatives.

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

Participants will have the option to pick up and fill out a paper customer feedback survey at the event.

5. What will the activity look like?

The survey contains 7 questions with Likert scale response option, 2 multiple choice question, and 2 open-ended questions.

6. Please provide your question list.

Survey is attached.

7. When will the activity happen?

DEEOIC conducts outreach events throughout the year. The first event using this new survey will occur in Q3 of FY24.

8. 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
Outreach Event participants (claimants, family members, and Authorized Representatives)	1000	5	83.3
Totals			83.3

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;
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. The agency will follow the procedures specified in OMB Circular A-11 Section 280 for the required quarterly reporting to OMB of trust data and experience driver data from surveys.
8. Outside of the quarterly reporting mentioned in the bullet immediately above, if the agency intends to release journey maps, user personas, reports, or other data-related summaries stemming from this collection, the agency must include appropriate caveats around those summaries, noting that conclusions should not be generalized beyond the sample, considering the sample size and response rates. The agency must submit the data summary itself (e.g., the report) and the caveat language mentioned above to OMB before it releases them outside the agency. OMB will engage in a passback process with the agency.

Name and email address of person who developed this survey/focus group/interview:

Name: Allison Spencer

Email address: spencer.allison.b@dol.gov

All instruments used to collect information must include:

OMB Control No. 1225-0093

Expiration Date: 01/31/2027