

## **Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback”**

**TITLE OF INFORMATION COLLECTION:** Forensic eXploitation Department Post-Mentorship Feedback Survey

### **PURPOSE:**

This survey helps to assess the success and or identify any potential gaps in the training program. The results help shape future trainees and improve the process and interaction with teams, disciplines and directorates. The survey helps the Forensic eXploitation Department (FXD) assess the impact of the technical on-the-job training it delivers to FXD Forensic Examiners. It is offered to these individuals three to six months post-mentorship. The results will help FXD evaluate the effectiveness of its training program more broadly, including the adequacy of resources, responsibilities, planning requirements, and customer & personnel feedback on the execution of the course.

### **DESCRIPTION OF RESPONDENTS:**

Respondents are FXD Forensic Examiners, including government contractor employees. Participants will be asked to complete the surveys after successfully finishing their contractor assessment and mentorship and working as an independent examiner for a minimum of 3 months.

### **TYPE OF COLLECTION:** (Check one)

- ☐ Customer Comment Card/Complaint Form
- ☐ Usability Testing (e.g., Website or Software)
- ☐ Focus Group

- ☐ Customer Satisfaction Survey
- ☐ Small Discussion Group
- ☒ Other: Process Improvement

### **CERTIFICATION:**

I certify the following to be true:

1. The collection is voluntary.
2. The collection is low-burden for respondents and low-cost for the Federal Government.
3. The collection is non-controversial and does not raise issues of concern to other federal agencies.
4. The results are not intended to be disseminated to the public.
5. Information gathered will not be used for the purpose of substantially informing influential policy decisions.
6. The 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 future.

Name: Dionna A. Lewis

To assist review, please provide answers to the following question:

### **Personally Identifiable Information:**

1. Is personally identifiable information (PII) collected? ☐ Yes ☒ No
2. If Yes, will any information that is collected be included in records that are subject to the Privacy Act of 1974? ☐ Yes ☒ No
3. If Yes, has an up-to-date System of Records Notice (SORN) been published? ☐ Yes ☒ No

**Gifts or Payments:**

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? ☐ Yes ☒ No

**BURDEN HOURS**

<b>I. Category of Respondent</b>	<b>No. of Respondents</b>	<b>Participation Time</b>	<b>Burden</b>
Individuals or Households (Contractors)	30	15 minutes	7.5 hrs.
<b>Totals</b>	<b>30</b>		<b>7.5 hrs.</b>

**PUBLIC COST:** The estimated annual cost to the contracting agency is \$330.

Cost estimate reached from multiplying \$44 (average contractor hourly wage) with 7.5 (total burden hours) per year.

**If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:**

**The selection of your targeted respondents**

1. Do you have a customer list or something similar that defines the universe of potential respondents and do you have a sampling plan for selecting from this universe?  

[X] Yes      [ ] No

If the answer is yes, please provide a description of both below (or attach the sampling plan)? If the answer is no, please provide a description of how you plan to identify your potential group of respondents and how you will select them?

Surveys are strictly voluntary and will be made available to all participants in a Training Program of Instruction or Assessment once they have worked as an independent examiner for a minimum of 3 months. FXD Training Surveys are distributed from the FXD Quality Team mailbox and/or MS Forms link provided to the participant with instructions to complete the survey.

**Administration of the Instrument**

1. How will you collect the information? (Check all that apply)  

[X] Web-based or other forms of Social Media  
[ ] Telephone  
[ ] In-person  
[ ] Mail  
[ ] Other, Explain:
2. Will interviewers or facilitators be used? ☐ Yes ☒ No