

**Request for Approval under the “Fast Track Generic Clearance for the  
Collection of Qualitative Feedback on Agency Service Delivery” (OMB Control  
Number: 0704-0553)**

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**TITLE OF INFORMATION COLLECTION:** USMC Behavioral Programs Standardized Satisfaction Survey

**PURPOSE:** The purpose of this survey is for the Headquarters Marine Corps Program Evaluation and Research team to conduct ongoing evaluation of client satisfaction with behavioral program services. Services include Community Counseling Program, Substance Assessment and Counseling Program, Family Advocacy Program, and Sexual Assault Prevention and Response.

**DESCRIPTION OF RESPONDENTS:** Respondents will be Marines and their spouses who use any behavioral programs services (detailed above). Participations may be asked to complete this satisfaction survey after they receive care from these services. Qualtrics QR codes will be posted in the behavioral programs offices. If clients elect to complete the survey, they will scan the QR code. Program staff will request feedback but will not require feedback from any participant. Alternately, if potential participants would like to receive the survey invitation via text or email, they can request a URL be sent to them.

**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: \_\_\_\_\_

**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: \_\_\_\_\_ Tyler Graff \_\_\_\_\_

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>Category of Respondent</b>	<b>No. of Respondents</b>	<b>Participation Time</b>	<b>Burden</b>
Marines and Spouses	100	2 minutes	3.33 hours
<b>Totals</b>			

**PUBLIC COST:** The estimated annual cost to the public is \$105.

**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?  
☐ 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?

The respondent population will consist of Marines and their spouses who use any behavioral programs services and self-select to respond to the survey. Participants may be asked to complete this satisfaction survey after they receive care from these services.

### **Administration of the Instrument**

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. Will interviewers or facilitators be used? ☐ Yes ☒ No