

**Request for Approval under the “Generic Clearance for the Collection of
Routine Customer Feedback” (OMB Control Number: 1545-1432)**

TITLE OF INFORMATION COLLECTION: Customer Call Back Survey

PURPOSE:

BACKGROUND: Executive Order 12862 requires all government agencies to survey their customers and incorporate customer preferences in their process improvement efforts.

The Customer Call Back system is within the IRS phone environment that allows customers seeking service to select a time to receive a return call from the IRS rather than wait on hold. This Survey will help the IRS identify customer preferences and their affinity for the call-back experience. This information will help the IRS configure a permanent call-back system that optimizes the preferences, needs and expectations of customers seeking service over the phone.

The current Customer Call Back system allows customers to schedule a return phone call from an IRS service representative rather than wait on hold. So far, by using the Customer Call Back system the IRS has saved taxpayers over a million hours of time spent waiting on the phone. This survey will help the IRS evaluate aspects of the current pilot Customer Call Back system so that the final implementation might include features optimal for a positive customer experience. The customer call back survey is currently active in the IRS phone environment. The research team would like to make a modification to the existing survey to add one demographic question. The revised survey is of 6 to 8 questions depending on skip pattern, with the required language announcing the legal basis for the survey and the OMB control number, and will take no more than 4.5 minutes to complete.

DESCRIPTION OF RESPONDENTS:

Survey participants will be extracted from a random sample of participants following the use of the IRS Customer Call Back system.

TYPE OF COLLECTION: (Check one)

- | | |
|--|--|
| <input type="checkbox"/> Customer Comment Card/Complaint Form | <input checked="" type="checkbox"/> Customer Satisfaction Survey |
| <input type="checkbox"/> Usability Testing (e.g., Website or Software) | <input type="checkbox"/> Small Discussion Group |
| <input type="checkbox"/> Focus Group | <input type="checkbox"/> 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: Ashley Dobbins-Stewart

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

Personally Identifiable Information:

1. Is personally identifiable information (PII) collected? [] Yes [x] No
2. If Yes, is the information that will be collected included in records that are subject to the Privacy Act of 1974? [] Yes [] No
3. If Applicable, has a System or Records Notice been published? [] Yes [x] No

Gifts or Payments:

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

BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden Hours
Non-respondent	253,448	0.5 minutes	2,112.0
Expected respondent	13,312	4.5 minutes	998.4
Totals	266,760		3,110.4

Estimated Response Rate: 5%

Total Burden Estimate: 3,110.4hours

FEDERAL COST:

This survey will be programmed as part of regular system changes and as such the cost is not easily separated from the annual phone system configuration costs. That said, the costs are a negligible part of the annual phone system programming and configuration.

The total estimated cost is \$12,388.80 for IRS staff time for Research Staff (see chart below).

Description	Hours	Avg. Hourly Rate ¹	Total
GS-12 Project Lead	240	\$44.03	\$10,567.20
GS- 9 Project Staff	60	\$30.36	\$1,821.60
Totals	300		\$12,388.80

STATISTICAL METHOD:

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 [X] 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?

During a Customer Call Back the agent will receive notification on their screen to Offer Survey. The Agent offers survey to the caller. If caller response is “Yes”, the agent will transfer them to survey.

Administration of the Instrument

1. How will you collect the information? (Check all that apply)
[] Web-based or other forms of Social Media
[X] Telephone
[] In-person
[] Mail
[] Other, Explain – Microsoft TEAMS or ZOOM for sharing visuals.
2. Will interviewers or facilitators be used? [] Yes [X] No

Please make sure that all instruments, instructions, and scripts are submitted with the request.

Instructions for completing Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback”

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.

DESCRIPTION OF RESPONDENTS: Provide a brief description of the targeted group or groups for this collection of information. These groups must have experience with the program.

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: Provide answers to the questions.

Gifts or Payments: If you answer yes to the question, please describe the incentive and provide a justification for the amount.

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.

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.

FEDERAL COST: Provide an estimate of the annual cost to the Federal government.

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. Please provide a description of how you plan to identify your potential group of respondents and how you will select them. If the answer is yes, to the first question, you may provide the sampling plan in an attachment.

Administration of the Instrument: Identify how the information will be collected. More than one box may be checked. Indicate whether there will be interviewers (e.g., for surveys) or facilitators (e.g., for focus groups) used.