OMB Control Number: 1601-0014 Expiration Date: xx/xx/xxxx

DEPARTMENT OF HOMELAND SECURITY United States Secret Service

INVESTIGATOR INTEGRITY QUESTIONNAIRE

Interviewee's Name:		Date of Interview:	e of Interview:	
Investigator's Name:	Subject's Name :			
Case Number:				
Instructions: The United States Secret Service (USSS), Security Management Division (performance in an effort to measure their level of effectiveness, efficiency, and profession investigations. Please assist us in this quality review by responding to the below question Secret Service Special Investigator and return this completed questionnaire electronically	nalism while conducting Secret ons relating to your recent interv	Service background	d _	
What type of interview was conducted?	Vir	tual In Perso	on Telephone	
2. If an in person interview, did the Investigator contact you in advance to schedule an a	appointment for the interview?	Yes	□ No □ N/A	
3. If a telephone interview, was it at your request?		Yes	□ No □ N/A	
4. Did the Investigator inform you that all information provided, including your identity, m of the investigation upon their request in accordance with the provisions of the Privacy information under an expressed grant of confidentiality?		the Yes	No	
5. Did the Investigator identify them self as working on behalf of the Federal Governmen	nt and provide identification?	Yes	No	
6. Did the Investigator explain the purpose of the interview to your satisfaction? (If no, pl	lease explain below.)	Yes	No	
 During the interview, did the Investigator ask clear, appropriate questions that related interview? (If no, please explain below.) 	to the purpose of the	Yes	□No	
8. Did the Investigator maintain a professional demeanor during the entire interview? (If	f no, please explain below.)	Yes	□ No	
9. Was the Investigator neatly dressed, well-groomed, and professional in appearance?	(If no, please explain below.)	Yes	No	
10. Was there a need for the Investigator to contact you after the initial interview?(If yes, please respond to a. and b. below.) a. Number of times recontacted b. Reason(s) for the recontact		Yes	□No	
Thank you for taking the time to complete this questionnaire. If you would care to further provide your telephone number and/or e-mail address below, so that a Secret Service re		questions in more de	etail, please	
	-mail Address :			
Paperwork Reduction A In accordance with 5 CFR 1320.5(b), an agency may not conduct or sponsor an informa of information unless it displays a currently valid Office of Management and Budget (OM information is estimated at 5 minutes per response, including the time for reviewing instr comments regarding this burden estimate or any other aspect of this collection of inform Service, Office of Strategic Planning and Policy, Enterprise Policy Division, 245 Murray I OMB Number 1601-0014. Do not mail your completed form to this address. Privacy Act Stateme Solicitation of this information is made pursuant to Executive Orders 10450 and 12968.	Act ation collection, and a person is AB) control number. The public a ructions, completing the form, atation, including suggestions for Lane SW, Building T-5, Mail Sto	reporting burden for nd submitting the for reducing this burde op #8404, Washington o evaluate the effecti	this collection of rm . Send en, to: U.S. Secret on, DC 20223; iveness, efficiency,	
and professionalism of Secret Service Investigators who conduct background investigation to this solicitation will have no hearing upon the adjudication of the security matter under		is voluntary and you	ur failure to respond	

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