

UNITED STATES
DEPARTMENT OF VETERANS AFFAIRS

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Inquiry Routing & Information System (IRIS)

VA Department of Veterans Affairs **IRIS CUSTOMER ENTRY FORM**

Warning! Our goal is to respond to your inquiry within 5 business days. If you are experiencing a medical emergency or in need of immediate crisis counseling, please go to your nearest medical facility Emergency Room or call 911. If you are in need of immediate crisis counseling, please contact VA's suicide hotline at 1-800-273-TALK; counselors are available 24/7 to help.

Before you begin, please try to be as accurate as possible in deciding which one of topics below is most closely related to the issue you want VA to address. This is for your benefit. Proper selection will prevent lost time for VA to re-route your message to the appropriate office.

If this is a request to submit a **Change of Address**, please return to "[Search for FAQs](#)," select "Change of Address", and follow the instructions accordingly.

Thank you.

1. *What Type of Inquiry Is This?

Question

Status of Claim

eBenefits (This selection is not intended for general public use. It should be used only by employees of VA's Health Resource Center. Thank you.)

2. *Select a Topic

Complaints about lack of courtesy or service received from VA

Compliment

Suggestion

CCI (Special VA Project. Not for public use.)

CMI (Special VA Project. Not for public use.)

VA Form 0873
DEC2005

OMB Number: 2900-0619
Estimated Burden: 10 minutes

The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average ten (10) minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form. This collection of information is intended to fulfill the need identified by the Department of Veterans Affairs (VA) to categorize your question, complaint, compliment, or suggestion and collect the necessary information to respond to it. Results will be used to automatically route your inquiry to the appropriate person in the VA, which will help ensure that you receive a response in a timely manner. Use of this form is voluntary and failure to participate will have no adverse effect of benefits to which you might otherwise be entitled.

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U.S. Department of Veterans Affairs - 810 Vermont Avenue, NW - Washington, DC 20420
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Department of Veterans Affairs
IRIS CUSTOMER ENTRY FORM

You have selected the following topic for your question:

VA Web Site Technical Issues

If you have not checked yet, you can find FAQs for this topic [in our FAQs](#).

Your Contact Information - This Information is Required

*Form of Address:

*First Name:

Middle Initial:

*Last Name:

Email Address:

*How would you like your question answered?

Note: Please remember, the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and VA privacy regulations do not permit us to return information containing personal identifiers or medical data via electronic messaging. That type of information will be transmitted via telephone or regular mail.

*Select method for VA to respond to this question:

*Daytime Phone:

*Street:

*City:

*State:

*ZIP/Postal Code:

*Country:

*Are you the Veteran?

Yes

No (Please complete the Veteran information below so that we can associate your information with your records and provide a response as quickly as possible.)

Veteran Information

(The following information is **optional** if the question is about benefits in general. **All** the following information is **required** if your question is asking for any information about an existing benefits claim other than the amount of benefits.)

First Name:

Middle Initial:

Last Name:

Street:

City:

State:

ZIP/Postal Code:

Country:

CCI Vet ID (For VA special project use only): [Privacy Act](#)

Social Security Number (Provide SSN XXX-XX-XXXX if this is your service number/claim number or only if material to your inquiry): [Privacy Act](#)

Date of Birth (MM-DD-YYYY): [Privacy Act](#)

Branch of Service:

Service Number (If different from Social Security Number): [Privacy Act](#)

Date Entered Active Duty (MM-DD-YYYY): [Privacy Act](#)

Date Released from Active Duty (MM-DD-YYYY): [Privacy Act](#)

Do you have a Service Organization representing you: Yes No
Name of Service Organization:

Question Section

*Please select the specific nature of your submission below:

- Please Select from the List

*Is this question regarding:

- Please Select from the List

Claim Number (If different from the SSN)

Please ask your question or describe the issue in detail in the space below. If the question, or issue, is about a disability, please be specific as to the type of disability(ies) or the issue(s). If you have multiple claims for benefits pending and want the status, please tell us which claim this is about.

Please do not re-enter your name, file number, or social security number in the message box below. You should have already given us that information in the form above.

Please click on the "Submit" button **JUST ONE TIME**. There may be a delay as long as 25 seconds while your information is routed electronically to the appropriate office. Again, please **click only once**. Processing is complete when your screen changes to an acknowledgement from VA that your message has been received.

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