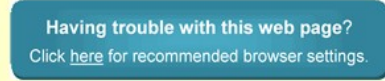




Inquiry Routing & Information System (IRIS)

Welcome to the VA's Inquiry Routing & Information System! We are here to answer your questions.

Please complete the following details on your inquiry using the form below. You should expect a response from us within 5 business days.



What is your Question?

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.

Question *

Please do not enter your name, file number, or social security number in the question box to the right. You will be asked this information in the fields below.

Select a Topic and the Inquiry Type

Please Select a Topic * --

Select an Inquiry Type? * --

[Inquiry Type Help](#)

Enter Your Contact Information in the section below so that we can respond to you.

How Would You Like Us To Respond to Your Inquiry? * --

Form of Address * --

First Name *

Middle Initial

Last Name *

Suffix

Email Address

Daytime Phone

Street

City

State --

Country * --

Zip code

Veteran Status as it pertains to this inquiry

I am asking about benefits/services: *

Your Relationship to Veteran

Is Veteran Deceased Yes No

[Veteran Status Help](#)

Please enter information about the veteran below:

Veteran Form of Address

Veteran First Name *

Veteran Middle Init

Veteran Last Name *

Veteran Suffix

Veteran Street

Veteran City

Veteran State

Veteran Country

Veteran Zip Code

Select Branch of Service from dropdown list and then enter Social Security Number, Claim Number and/or Service Number along with Service Dates below if known.

Branch of Service

Veteran SSN (No Hyphens)

Veteran Service Number

Vet Claim Num(other than SSN)

Veteran Date of Birth

Date Entered Active Duty

Date Released Active Duty

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.

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.