## **Survey Instrument**

## Beneficiaries that have utilized the Complaint System

Recently you submitted a complaint against your school using the GI Bill complaint system. We would like to ask you some questions about your experience so that we can better understand and improve your customer experience.

- 1. Was your complaint resolved to your satisfaction? YES or NO
  - If no, what did you find dissatisfactory with how your complaint was resolved?
- 2. Did you feel that your complaint was limited or restricted by any factor(s)? YES or NO
  - If yes, please describe the situation and why you felt limited or restricted.

## Beneficiaries that have NOT utilized the Complaint System

Our records indicate that you are a GI Bill recipient who has never submitted a complaint against your school. We hope this is because you have no complaints about the school you attend. However, we also want to ensure that you feel comfortable submitting a complaint to the system if the need arises. To that end, we would like to ask you some questions about your knowledge and opinion of the complaint system so that we can better understand and improve your customer experience.

- 1. Are you aware of the existence of the GI Bill complaint system? YES or NO
- 2. Have you ever felt the need to submit a complaint to the VA's complaint system but refrained from doing so? YES or NO
  - If yes, what do you think discouraged you from submitting a complaint?
- 3. Have you ever felt that your ability to submit a complaint to the VA's complaint system was limited or restricted? YES or NO
  - If yes, please describe the situation and why you felt limited or restricted?

PAPERWORK REDUCTION ACT STATEMENT: This information collection meets the requirements of the Paperwork Reduction Act of 1995. We anticipate that the time required to complete this survey will average 5 minutes. This includes the time required to read the instructions and complete the form. This survey will be used to gauge customer satisfaction and perception of individuals attending Claims Clinics in order to assist in shaping the direction and focus of this specific program or service. Submission of this form is strictly voluntary and no personal information is required. All responses are used in combination with the responses of others participating in the survey.