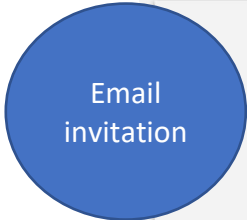




- OMB number and estimated burden goes under the button in
- An asterisks next to OMB directs the reader down to the footer if they would like to read the burden statement below.



Tablet Desktop Email with constraints to copy, centered - 11x



U.S. Department
of Veterans Affairs

Help us serve you better.

Dear <FirstName>:

Your feedback is important to us and helps to improve services at <VA Facility>. Please take one minute to let us know how we are doing by answering this survey about the <Clinic/StopCode> appointment you made for <AppointmentDateTime>.

Take the survey

*OMB NNN-XXXX | Estimated Burden: 1 minute

Sincerely,

Veterans Experience Office
Department of Veterans Affairs

Please do not "Reply" to this message.

This survey expires on <date>.

Should you have any problems accessing or completing the survey, please email <email>.

You received this email because you provided your email address to VA.

*We are asking for this information so that you can provide compliments, comments, or concerns to VA. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 1 minute to review the instructions and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-844-MyVA311 (1-844-698-2311) to get information on where to send comments or suggestions about this form.

[Unsubscribe from this VA Survey](#) | [VA Privacy Policy](#)

Department of Veterans Affairs
Veterans Experience Office (30)
810 Vermont Avenue, NW
Washington, DC 20420