

8. Board of Veterans' Appeals Services Email & Survey

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Summary

This copy document provides email and survey copy for 2 distinct surveys measuring customer experience during the Board of Veterans' Appeal process. These surveys are triggered within 1-4 weeks after the completion of the following events:

[8.1] Board of Veterans' Appeals Hearing Experience Survey: Email survey sent after the hearing has occurred.

[8.2] Board of Veterans' Appeals Appellant Experience Survey: Email survey sent after appellant process occurs.

Target Audiences

To be included in the survey sample, respondents must be:

1. Veterans who have gone through the Board of Veterans' Appeals process.

Notes

1. Text with <carets> in the copy indicates a string from a database.
2. Text with [brackets] indicates notes, comments, options, dummy text or annotates browser behaviors. [or] separates conditionals when there are choices. <NULL> indicates data does not exist.
3. Margin comments call out details or issues that may require follow up or a discussion with a designer, developer, or writer.
4. **Headings** label and demarcate sections of the experiences and separate surveys.

BVA APPELLANT SURVEY

BVA Experience Survey Email Copy

[From:] Veterans Experience Office

[Subject 8.1] Board of Veterans' Appeals Hearing Experience Survey – 2 minutes

[Subject 8.2] Board of Veterans' Appeals Appellant Experience Survey – 2 minutes

[Header]



[Heading]

OMB Number: XXXX-XXXX
Expiration: MM/DD/YYYY
Estimated Burden: 2 minutes

Your feedback is important to us. Please take two minutes to let us know how we are doing by answering this short survey about

[8.1] < your recent experience with the Board of Veterans' Appeals hearing process >.

[8.2] < your recent experience with the Board of Veterans' Appeals appellant process>.

If you provide feedback, you may be contacted by VA. Serving you is our top priority.

[Take Survey]

Thank you,
Veterans Experience Office
Department of Veterans Affairs

[Footer]

If you wish to share your feedback, please do so by <date>.

The Veterans Crisis Line provides free, confidential support for Veterans in crisis and their families and friends. Dial 1 (800) 273-8255 (Press 1), or text 838255 to receive confidential support 24/7, (System of Records Notice VA158VA10NC5) Visit <https://www.veteranscrisisline.net/> for more information.

The National Call Center for Homeless Veterans (NCCHV) provides free, confidential support for Veterans who are homeless or at risk of homelessness—and their family members, friends and supporters. Veterans can make the call to or chat online with the National Call Center for Homeless Veterans, where trained counselors are ready to talk confidentially 24 hours a day, 7 days a week. Dial 1 (877) 424-3838 or visit <https://www.va.gov/HOMELESS/> to receive confidential support. If you would like to opt out from receiving future surveys, please [click here](#).

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

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

BVA Experience Survey Reminder Email Copy

[SENT 1 WEEK AFTER INITIAL EMAIL IF THERE IS NO RESPONSE]

[From:] Veterans Experience Office

[Subject 8.1] Board of Veterans' Appeals Hearing Experience Survey Reminder – 2 minutes

[Subject 8.2] Board of Veterans' Appeals Appellant Experience Survey Reminder – 2 minutes

BVA Experience Survey Reminder Pre-Header

[8.1] < your recent experience with the Board of Veterans' Appeals hearing process >.

[8.2] < your recent experience with the Board of Veterans' Appeals appellant process >.

[Header]



[Heading]

OMB Number: XXXX-XXXX
Expiration: MM/DD/YYYY
Estimated Burden: 2 minutes

We are waiting for your response about your experience with the Board of Veterans' Appeals. Your feedback is important for identifying areas that need improvement.

Please take two minutes to let us know how we are doing by answering this short survey about

[8.1] < your recent experience with the Board of Veterans' Appeals hearing process >.

[8.2] < your recent experience with the Board of Veterans' appellant process >.

If you provide feedback, you may be contacted by VA. Serving you is our top priority.

[Take Survey]

Thank you,

Veterans Experience Office

Department of Veterans Affairs

[Footer]

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

BVA Services Survey Rating Scale Questions

8.1 Board of Veterans' Appeals Hearing Experience Survey

<h1> Tell us about your recent experience with the Board of Veterans' Appeals hearing process.</h1>

1. Why did you request a Board of Veterans' Appeals hearing? (Mark all that apply)

5



VETERANS
EXPERIENCE
OFFICE

Last updated 5/25/18

(REQUIRED)

- I thought it would help the outcome of my appeal
- I thought it was required
- I wanted to speak to someone in person
- It's my right to have a Board of Veterans' Appeals hearing
- It was recommended by a friend, family member, or other Veteran
- It was recommended by a Veteran Service Organization representative
- It was recommended by a personal representative
- Other (specify)
- Don't know or not sure

2. Was your hearing held as initially scheduled? (Mark only one) **(REQUIRED)**

- Yes
- No
- No, my hearing was cancelled at least once
- No, my hearing was rescheduled at least once

3. Why was your hearing cancelled? (Mark all that apply)

- I no longer wanted a hearing.
- I was advised that I could submit a statement in writing instead of having the hearing.
- I was unable to travel to the hearing location.
- I felt like it was delaying my appeal decision.
- None of the above.

4. Why was your hearing rescheduled? (Mark all that apply)

- Transportation issues on the day of the hearing.
- Serious illness on the day of the hearing.
- Inclement weather on the day of the hearing.
- I never received notice of the date/time that the hearing was scheduled.
- None of the above.

5. Please rate your overall experience with your hearing application process.

(REQUIRED)

- Very Negative
- Negative
- Average
- Positive
- Very Positive



6. Please rate your Overall experience with the hearing staff. **(REQUIRED)**
 - Very Negative
 - Negative
 - Average
 - Positive
 - Very Positive

7. Please rate your Overall experience with the Judge. **(REQUIRED)**
 - Very Negative
 - Negative
 - Average
 - Positive
 - Very Positive

8. Please rate your overall experience with the Board of Veterans' Appeals hearing process. **(REQUIRED)**
 - Very Negative
 - Negative
 - Average
 - Positive
 - Very Positive

8.2 Board of Veterans' Appeals Appellant Experience Survey

<h1> Tell us about your recent experience regarding your Board of Veterans' Appeals appellant process. </h1>

1. Did you receive an initial letter from the Board of Veterans' Appeals notifying you that your appeal was received by the Board? **(REQUIRED)**
 - Yes
 - No
 - Don't know or not sure

2. Thinking about the initial Board of Veterans' Appeals notification letter, was the purpose of the letter clear and easy to understand? **(REQUIRED)**
 - Not at all clear
 - Somewhat clear
 - Completely clear
 - Don't know or not sure

- I did not read the letter

3. Which of the following online resources do you use to check the status of your appeal? **(REQUIRED)**

- eBenefits
- Vets.gov
- Other
- I do not use any online resources to check the status of my appeal

4. In the past 3 months (excluding any contact with your local VA field office), did you contact anyone at the Board of Veterans' Appeals about the appeal process? **(REQUIRED)**

- Yes
- No

5. Which of the following best describes the reason for your most recent contact? **(REQUIRED)**

- Resolve an issue
- Ask a question
- Request a change to your contact information
- Provide additional evidence/arguments in support of your appeal
- Not Applicable

6. Was your most recent issue resolved to your satisfaction? **(REQUIRED)**

- Yes
- No
- Not Applicable

7. Please rate your agreement with the following statement about your appeal decision: "The Board's decision was clear and understandable (whether I agree with it or not)." **(REQUIRED)**

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

8. Please rate your experience regarding the communication of information about your appeal. **(REQUIRED)**



- Very Negative
- Negative
- Average
- Positive
- Very Positive

9. Please rate your experience using the Veteran websites for appeal status.

(REQUIRED)

- Very Negative
- Negative
- Average
- Positive
- Very Positive

10. Please Rate your experience with the customer service provided by the Board of Veterans' Appeals. **(REQUIRED)**

- Very Negative
- Negative
- Average
- Positive
- Very Positive

11. Please Rate your overall experience with your appeal process.

(REQUIRED)

- Very Negative
- Negative
- Average
- Positive
- Very Positive

Board of Veterans' Appeals Surveys – Open Text Question

The Veterans Crisis Line provides free, confidential support for Veterans in crisis and their families and friends. Dial 1 (800) 273-8255 (Press 1), or text 838255 to receive confidential support 24/7. Visit veteranscrisisline.net for more information.

Would you like to provide additional feedback with a compliment, concern or recommendation about the

experience of resolving your case? Please select from one of the following options. (*Required)

[Drop down of feedback types]

1. Compliment
2. Concern
3. Recommendation
4. Will not provide feedback

Use the text box below to enter details of the additional feedback (optional). Please do not include any personally identifiable information, Social Security Number, Veteran ID, or medical information, but do provide details about your experience.

<Multi-line text box is optional>

Please check this box if you would like to volunteer your demographic information to help VA better serve you, otherwise just click "Next" to submit your survey.

[Next]

[OMB Burden Response Copy]

We are asking for this information so that you can provide compliments, recommendations, or concerns to VA. This information is collected in accordance with section 3507 of the Paperwork Reduction Act of 1995. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of two minutes to review the instructions and complete this survey. The results of this survey will be used to inform opportunities for program improvement in the quality of VA services. Participation in this survey is voluntary and your decision not to respond will have no impact on VA benefits or services to which you may currently be receiving. By filling out this survey, you are authorizing VA database access to retrieve veteran contact information, to follow up with you accordingly for purposes of service recovery, potential crisis, or to learn more about feedback you have shared regarding your experience with VA. 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.

[Anonymity Disclaimer]

If you provide feedback, you may be contacted by VA. Serving you is our top priority.

[Footer]

[Privacy Policy](#)



Race, Ethnicity, and Gender Questions

<h1> Help VA Improve its Services</h1>

We are working to better understand our customers. The following questions are <bold>voluntary. By providing your data, your responses can help us improve VA care and services. Thank you for your participation.

1. What is your race? Select one or more.
 - a. American Indian or Alaska Native
 - b. Asian
 - c. Black or African American
 - d. Native Hawaiian or Other Pacific Islander
 - e. White
2. How do you describe your gender?
 - a. Male
 - b. Female
 - c. Non-Binary / Third Gender
 - d. Prefer not to say

[Submit]

