

**EMAIL SUBJECT LINE:** [Call Center Name] Experience Survey (4 minutes).

**EMAIL PREHEADER:** Tell us about your interaction with the [Call Center Name].

**VA**



**U.S. Department  
of Veterans Affairs**

OMB Number: 2900-0876  
Expiration: 03/31/2023  
Estimated Burden: 4 minutes

## Your opinion matters.

Dear <First Name Last Name>,

We care about your experience with VA. Please take this [4 minute survey](#) to let us know about your interaction on [Month DD, YYYY] with the [Call Center Name]. The more information you share with us, the better we can serve you.

[Take Our Survey](#)

Thank you,

### Veterans Experience Office

Department of Veterans Affairs

Whether you're just getting out of the service or you've been a civilian for years, the [VA Welcome Kit](#) can help guide you to the benefits and services you've earned.

The Veterans Crisis Line provides free, confidential support for Veterans and their families and friends in crisis. 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.

Additionally, the National Call Center for Homeless Veterans (NCCHV) provides free, confidential support for Veterans and their family members and friends who are homeless or at risk of homelessness. Veterans can either call 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.

Please do not reply to this email - it is unmonitored.

If you wish to share your feedback, please do so by <Month DD, YYYY at TT:TT>.

You received this email because you provided your email address to VA. If you would like to opt out from receiving future surveys, please click below.

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

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 may utilize individual Veteran survey data from this survey or other sources to ensure the final scores truly and accurately represent the experiences of Veterans. 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 4 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 which you may currently be receiving. 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 <https://www.reginfo.gov/public/do/PRAMain>. Information gathered will be kept private to the extent provided by law.

**EMAIL SUBJECT LINE:** [Call Center Name] Experience Survey (4 minutes).

**EMAIL PREHEADER:** We still want to hear about your interaction with the [Call Center Name].

**VA**



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## Your feedback is important to us.

Dear <First Name Last Name>,

VA still wants to hear about your interaction on [Month DD, YYYY] with the [Call Center Name]. Please let us know how we are doing by taking a [4 minute survey](#) regarding your experience.

[Take Our Survey](#)

Thank you,

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## U.S. Department of Veterans Affairs

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# Help us serve you better.

We want to hear about your recent interaction with [the VA call center]. By indicating how much you agree or disagree with the statements below, you directly help us improve VA services.

This survey should take you approximately 4 minutes to complete.

**I waited a reasonable amount of time to speak to an agent. Required**

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

**It was easy to reach the right person about my need. Required**

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

**The agent took a reasonable amount of time to address my need. Required**

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

**I understood the information provided by the agent. Required**

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

**The agent I interacted with was helpful. Required**

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

**The issue that I contacted the [Call Center Name] about on [Month DD,YYYY] was resolved. Required**

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

**I am satisfied with the service I received from the [Call Center Name]. Required**

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

**I trust VA to fulfill our country's commitment to Veterans. Required**

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

**Can VA contact you about your feedback? Required**

- Yes, VA can contact me about my experience.
- No, I do not want VA to contact me about my experience.

**Would you like to volunteer your demographic information to help VA better serve you?**

- Yes
- No

Next

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## Help VA improve its services.

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

### Are you Hispanic or Latino?

- Yes
- No

### How would you describe your race? Please select all that apply.

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

### How would you describe your gender?

- Male
- Female
- Non-Binary/ Third Gender
- Prefer not to say

Finish

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## Thank you for choosing VA.

The U.S. Department of Veterans Affairs uses these surveys to collect your feedback in order to continuously to improve your experience with VA services.

Please visit [VA.gov](https://va.gov) to explore benefits, resources, and information at VA.

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## **Pipe-Ins**

### **VHA MS**

**<Call Center Name>**

**Survey: Health Resources Center  
Dashboard: HRC**

**Survey: Health Eligibility Center  
Dashboard: HEC**

**Survey: Pharmacy Services Call Center  
Dashboard: PCC**

**Pipe-Ins**

**Clinical CC**

<Call Center Name>

VA Pharmacy line  
VA RN Triage line  
VA Scheduling and General Inquiries line  
VA Telehealth Provider

<agent>

Clinical Contact Center Professional  
VA Telehealth Provider

**VHA MS**

<Call Center Name>

Health Resources Center (HRC)  
Health Eligibility Center (HEC)  
Pharmacy Services (PS)  
Does this need to be  
Pharmacy Services Call Center?

<agent>

Agent

**VHA OCC**

<Call Center Name>

Insert for review and reference

<agent>

Insert for review and reference

**VEO**

<Call Center Name>

Insert for review and reference

<agent>

Insert for review and reference