The Veterans Crisis Line provides free, confidential support for Veterans in crisis and their family and friends. Dial 1 (800) 273-8255 (Press 1), or text 838255 to receive confidential suppot 24/7 (System of Records Notice VA115588VA1100NC5). Visit https://www.veteranscrisisline.net for more information.

OMB Number: 2900-0876 Expiration: 09/30/2023 Estimated Burden: 2 minutes

Help us serve you better.

Tell us about your experience with filing your appeal.

Please respond to the following statements on a scale of 1 (Strongly Disagree) to 5 (Strongly Agree).

I received my Board of Veteran's Appeals' decision in a timely manner. Required

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

It was easy for me to understand the Board of Veteran's Appeals' decision. Required

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

1	2	3	4	5
Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
i understood wrij	the Board of Ve	eteran's Appeals	decision was ma	de. Required

I felt the evidence submitted in my appeal was fairly evaluated. Required

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

The information in the Board of Veterans' Appeals' decision entitled, "Your Rights to Appeal Our Decision" clearly explained my options.

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 Board of Veteran's Appeals. Required

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

I trust the Board of Veterans' Appeals to fulfill our country's commitment to Veterans and their families. Required

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

Would you like to provide additional feedback with a concern, compliment, or recommendation about your experience receiving your Board decision? Please select from one of the following options.

	-								
Jse the te	xt box b	elow to	enter deta	ils of the	additiona	l 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.

)/400					
Nould you like to ve	olunteer your de	mographic info	ormation to help \	/A better serve y	ou?

Yes

O No

- Select your response -

Because serving you is our top priority, if you provide feedback, you may be contacted by VA.

We are asking for this information so that you can provide compliments, recommendations, or concerns to VA.1 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 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 2 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.reginfc.gov/public/do/PAMain_Information. 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.

Privacy Policy

Next



Help VA improve its Services

Are you Hispanic or Latino?

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.

7 110 your moparito or	
○ Yes	
○ No	
What is your race? Please select one or more.	
☐ 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	
O Non-Binary/ Third Gender	
O Prefer not to say	

Finish



Thank you for taking the time to fill out this survey. We greatly appreciate your feedback which will help us better serve you. Please visit <u>VA.gov</u> to explore benefits, resources, and information at VA.

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