



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 support 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 clearly understood how to file an appeal to the Board of Veterans' Appeals. Required

Scale table with 5 columns: Strongly Disagree (1), Disagree (2), Neither Agree nor Disagree (3), Agree (4), Strongly Agree (5)

I received a response to filing my appeal from the Board of Veterans' Appeals in a timely fashion. Required

Scale table with 5 columns: Strongly Disagree (1), Disagree (2), Neither Agree nor Disagree (3), Agree (4), Strongly Agree (5)

The notification letter from the Board of Veterans' Appeals explained things in a way that was easy for me to understand. Required

Scale table with 5 columns: Strongly Disagree (1), Disagree (2), Neither Agree nor Disagree (3), Agree (4), Strongly Agree (5)

I am satisfied with the service I received from the Board of Veterans' Appeals. Required

Scale table with 5 columns: Strongly Disagree (1), Disagree (2), Neither Agree nor Disagree (3), Agree (4), Strongly Agree (5)

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

Scale table with 5 columns: Strongly Disagree (1), Disagree (2), Neither Agree nor Disagree (3), Agree (4), Strongly Agree (5)

Please explain why you did or did not choose to request a hearing (in person or virtual) with the Board of Veterans' Appeals. Required

Large empty text box for providing explanation.

0/400

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

Dropdown menu with text '- Select your response -' and a downward arrow.

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.

Large empty text box for providing additional feedback.

0/400

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

- Radio buttons for Yes and No.

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. 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.

Next

# VA



## U.S. Department of Veterans Affairs

### 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.

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Are you Hispanic or Latino?

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

[Finish](#)

# VA



## U.S. Department of Veterans Affairs

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

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