



# Help us serve you better.

We want to hear about your recent experience with the Financial Services Center's (FSC) Vendor Support. Quality customer service is a priority to us and your feedback directly helps us improve FSC services.

Your participation in this survey is voluntary and you may stop at any time. Your responses will remain confidential.

This survey should take approximately 3 Minutes to complete.

I	was	easy	το	contact	vendor	Support.	Required

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

### The representative was professional. Required

The representative was professional Proquies						
	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	
	1	2	3	4	5	

### The representative was knowledgeable. Required

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

### The representative communicated effectively. Required

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

### Vendor Support performed the service in a reasonable amount of time. Required

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

#### I am satisfied with my experience with the representative. Required Strongly Neither Agree Strongly

Disagree	Disagree	nor Disagree	Agree	Agree
1	2	3	4	5

#### Neither Agree Strongly Strongly Disagree Agree Disagree nor Disagree

My recent experience with Vendor Support was excellent. Required

	Disagree	Disagree	nor Disagree	Agree	Agree		
	1	2	3	4	5		
,	Vendor Support is reliable. Required						

#### Strongly Neither Agree Disagree Disagree nor Disagree

1	2	3	4	5			
Would you like to provide a compliment, concern, or recommendation about your experience with Vendor Support?							

Strongly

Agree

Agree

Please select from one of the following options. Required

Select your response Compliment

ou want to provide additional feedback on your experience with Vendor Support box below.	, use the
Will not provide additonal feedback	
Recommendation	
Concern	

0/400 Next 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.<sup>2</sup> 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.<sup>3</sup> 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 3 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.





# Help us serve you better.

Please take a moment to fill out this survey. The more information you can provide, the better we can improve our services.

If you received support for a specific system, please provide that system name below

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 experience with VA.² 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.³ 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 3 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 <a href="https://www.reginfo.gov/public/do/PRAMain">https://www.reginfo.gov/public/do/PRAMain</a>. Information gathered will be kept private to the extent provided by law.

Next





# Help us serve you better.

Provide your full name below. Required

Please take a moment to fill out this survey. The more information you can provide, the better we can improve our services.

0/100		
Provide your preferred contact in	formation below. Required	
Email		
0/100		
Phone		
0/100		
	Finish	

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## Thank you.

Thank you for taking the time to share your feedback.

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

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