

EMAIL SUBJECT LINE: Veterans Safety Survey (<X> minutes)

EMAIL PREHEADER: Tell us about your experience related to feeling safe while at the VA facility for your appointment.



U.S. Department
of Veterans Affairs

OMB Number: 2900-0876
Expiration: 03/31/2023
Estimated Burden: 2 minutes

Your opinion matters.

Dear <First Name Last Name>,

We care about your experience with VA. Please take this X minute survey to let us know about your experience related to feeling safe while at the VA facility for your appointment. 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](#)

¹By 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. Your contact information and response may be referred to the Veterans Crisis Line if an automated review indicates your response may be concerning. The Veterans Crisis Line may contact you for follow up as a request of that referral. 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 <# 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.

[Logic: 1). Required if Service Recovery. 2). Required unless exception. 3). Always required on footer]

EMAIL SUBJECT LINE: We still want to hear about your experience related to feeling safe while at the VA facility for your appointment. (<X> minutes)

EMAIL PREHEADER: Tell us about your experience related to feeling safe whle at the VA facility



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Your feedback is important to us.

Dear <First Name Last Name>,

VA still wants to hear about your experience related to feeling safe while at the VA facility for your appointment. Please let us know how we are doing by taking a <X> minute survey regarding your experience.

Take Our Survey

Thank you,

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The VA provides free, confidential support 24/7 for Veterans and their family and friends. If you are in crisis, contact the **Veterans Crisis Line** by dialing 1 (800) 273-8255 (Press 1), or texting 838255, or visiting <https://www.veteranscrisisline.net>. If you are homeless or at risk of homelessness, contact the **National Call Center for Homeless Veterans (NCCHV)** by dialing 1 (877) 424-3838 or visiting <https://www.va.gov/HOMELESS/>.

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Help us serve you better.

We want to hear about your experience related to feeling safe while at the VA facility for your appointment. By indicating how much you agree or disagree with the statements below, you directly help us improve VA services.

This survey should take approximately 2 minutes to complete.

During my health care visit on <Pipe-in Date Value>, I felt safe while I was at the <Pipe-in Value> VA facility. **Required**

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

I trust <Pipe-in Value> VA facility for my health care needs. **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(s) with <Pipe-in Value> VA Facility?

Please select from one of the following options. **Required**

Select your response

[Logic: Dropdown options: Compliment; Concern; Recommendation; Will not provide additional 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.

0/400

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 [\[Logic proceed to Demographics page\]](#)
- ☐ No [\[Logic skip Demographics page\]](#)

Next

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[Logic: 1). Required if CCR Open Text Box is included on survey. 2). Required if Service Recovery. 3). Required unless exception.]

VA



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Help VA improve its services.

We are working to better understand our customers. The following questions are voluntary.

Are you Hispanic or Latino?

- ☐ Yes
- ☐ No

How would you describe your race?

- ☐ 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://www.va.gov) to explore benefits, resources, and information at VA.

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