

# Veteran Services Survey



Date \_\_\_\_\_

Name (optional) \_\_\_\_\_

	<b>1 Disagree</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5 Agree</b>
1. The Veterans Service staff was courteous during my visit					
2. The information provided by the Veterans Service Officer was helpful					
3. The Veteran Service Officer understood my needs					

Were you able to get an appointment easily?

- Yes
- No

Would you recommend the Citrus County Veteran Services Office to others?

- Yes
- No

How did you hear about our office?

- Word of mouth
- Outreach program
- Newspaper
- Referral
- Internet
- Other \_\_\_\_\_

If you would like to be contacted regarding your visit or comments, please provide your phone number \_\_\_\_\_

General Comments (Please enter any other comments not covered in survey)

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