

Today's Date _____

Veterans Tell Us...

South Texas Serving One Veteran At A Time

Tell us about your experience to improve the service we provide to Veterans. Tell us what things we are doing well, and what things we aren't doing well. This includes compliments or concerns about patient safety, quality of care and overall satisfaction. Thank you for taking the time to help us improve our service to Veterans.

Please check one: Patient Family Member Visitor

Please check appropriate boxes: Male Female

How long have you been coming to our facility? 0-10 Years 11-20 Years 21+ Years

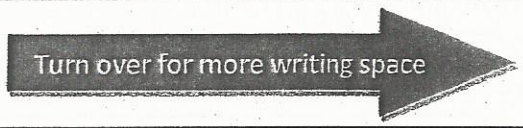
Please select area of visit: Date of Appointment _____

Audie L. Murphy Campus Kerrville Campus

Inpatient/Location _____ Outpatient/Clinic Name _____

Other Location _____

Compliments/Comments: _____



Optional: If you choose to provide your contact information, we will be certain to get in touch with you regarding your experience.

Name _____ Address _____

City _____ State _____ Zip Code _____

Contact Number () _____