



Feedback Form

Date of visit:	
Office location (county):	
Who assisted you:	

What happened during your visit to the County Veterans Service Office?

Were you satisfied or dissatisfied?

Name:	
Address:	
City, State, Zip:	
Phone:	
Email:	

* Please note that personal information will ONLY be used to inform you when a resolution has been reached.

What would you like the Ohio Department of Veterans Services (DVS) to know? Is there a way DVS can assist you further?



Please return this completed form to:

OH Dept. of Veterans Services
Attn: Operations Section
77 South High Street, 7th floor
Columbus, Ohio 43215
Fax (614) 728-9498