Department of Veterans Affairs	REPORT OF CONTACT
NOTE: As appropriate, once this form is completed it becomes a peri	manent record in the veteran's folder. Please do not use a pencil to complete this form.
VA OFFICE	IDENTIFICATION NOS. (C,XC, SS, XSS, V, K, etc.)
LAST NAME-FIRST NAME-MIDDLE NAME OF VETERAN (Type or print)	DATE OF CONTACT
ADDRESS OF VETERAN	TELEPHONE NO. OF VETERAN (Include Area Code)
PERSON CONTACTED	TYPE OF CONTACT (check one) PERSONAL TELEPHONE
ADDRESS OF PERSON CONTACTED	TELEPHONE NO. OF PERSON CONTACTED (Include Area Code)
PERSON WHO CONTACTED YOU	TYPE OF CONTACT (check one) PERSONAL TELEPHONE
ADDRESS OF PERSON WHO CONTACTED YOU	TELEPHONE NO. OF PERSON WHO CONTACTED YOU (Include area code)
BRIEF STATEMENT OF INFORMATION REQUESTED AND GIVEN (Cor	
DIVISION OR SECTION	EXECUTED BY (Signature and title)

BRIEF STATEMENT OF INFORMATION REQUESTED AND GIVEN