

## QUALITY OF LIFE ISSUE SUBMISSION

To: Single Marine Program Coordinator and/ or President

Subj: PROPOSED QUALITY OF LIFE ISSUES

Ref: StaO 1710.D

Today's Date: \_\_\_\_\_ Your Unit SMP Representative's Name: \_\_\_\_\_

Rank: \_\_\_\_\_ Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Command/ Unit: \_\_\_\_\_ Work Extension: \_\_\_\_\_

Quality of Life Topic: Date and time concern/ issue happened: \_\_\_\_\_

What is your Quality of Life concern/ issue? What facility/ location does it involve?

Research Findings: What action have you taken to resolve the concern/ issue? Describe in detail action taken:

Recommendations: What recommendations do you have to resolve this concern/ issue?

### BELOW FOR SMP USE ONLY

Date SMP Representative Received: \_\_\_\_\_ Print: \_\_\_\_\_ Signature: \_\_\_\_\_

Date SMP President Received: \_\_\_\_\_ Print: \_\_\_\_\_ Signature: \_\_\_\_\_

Date SMP Coordinator Received: \_\_\_\_\_ Print: \_\_\_\_\_ Signature: \_\_\_\_\_

Date Base SgtMaj Received: \_\_\_\_\_ Print: \_\_\_\_\_ Signature: \_\_\_\_\_

Single Marine Program Action Taken:

Date QOL concern/ issue completed/ closed: \_\_\_\_\_ Print: \_\_\_\_\_ Signature: \_\_\_\_\_

Date Returned to SMP Representative: \_\_\_\_\_ Print: \_\_\_\_\_ Signature: \_\_\_\_\_

Date Returned to Service Member: \_\_\_\_\_ Print: \_\_\_\_\_ Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Questions? Contact your Unit SMP Representative or the SMP Office at 858-307-6283.