

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.