



QUALITY OF LIFE PROTOCOL

To: Single Marine Program Coordinator and President

Subj: QUALITY OF LIFE CONCERN

Today's Date: _____ Your SMP Unit Representative: _____

This information is required in case we need to follow up.

Rank: _____ Last Name: _____ First Name: _____

Command/Unit: _____ Work/cell number: _____

Email Address: _____

Quality of Life Topic: Please be specific.

Date and time concern/issue happened: _____

Building number near/where the issue is: _____ Room number: _____

Equipment/area of concern i.e. washers, vending machines, Rec Center): _____

Description of issue: _____

What actions have you taken to resolve the issue? Describe in detail by date action was taken and if there is documentation please submit with this form. _____

What recommendations do you have to resolve this issue? _____

BELOW FOR SMP USE ONLY

DATE SMP Unit Rep Received: _____ Initial: _____

Date SMP President Received: _____ Initial: _____

Date SMP Coordinator Received: _____ Initial: _____

Date Base SgtMaj Received: _____ Initial: _____

Single Marine Program Action Taken: _____

Date QOL issue/concern was completed/closed: _____ Initial: _____

Date returned to SMP President: _____ Initial: _____

Date returned to Marine/Sailor: _____ Initial: _____

Questions? Contact your Kelley Guinther, SMP Coordinator at 760-932-1522 kelly.guinther@usmc-mccs.org