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: _____________________________  Room number: __________
Building number near/where the issue is: _____________________________  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 kelley.guinther@usmc-mccs.org