



MEDCOM ARMY FAMILY ACTION PLAN (AFAP) Issue Submission Sheet



Issue Title: *(Give the problem a title. Example: "Job Sharing")*

Scope: *(What are the facts, who does it affect, and what is the impact)?*

Recommendation: *(How can the issue be fixed)?*

Contact information: *(Used only to provide information to you on the status of your submission).*

Name:

Phone Number:

Email:

Check all that apply:

Active Duty

Reserve

Guard

Civilian

Contractor

Family Member