



# Issue Submission Form



1. Issue:

2. Date:

3. Whom does the issue affect?

Soldiers  Family Members  Civilians  Retirees  Veterans

4. Recommendation:

5. Point of Contact Name and Number (Your name and contact information is optional):

**Note: As a reminder this form is for issues that cannot be resolved by the Interactive Customer Evaluation (ICE) feedback system. If you feel your issue is beyond the scope of ICE, then please submit it through this forum, whether it affects you here at (Installation Name) or throughout the Army, your feedback is important. Fill out the form and give it to your Installation Action Council constituent/unit representative or mail it to the U. S. Army Garrison, Attn: AFAP Program Manager, Street Address, Installation Name, State, & Zip Code. You may also submit your issues using this format on the (Installation Name) Web site. Please fill out your demographic data.**

## Demographic Data

### What is your constituent group?

- Soldier (Active, NG, Army Reserve)       Single Soldier
- Warrior in Transition       Family Member       Civilian (AF, NAF, or DOD)
- Civilian Contractor       Retiree       Veteran (Not Retired)
- Surviving Spouse       Teen

### What is your Branch of Service?

- Active Duty       National Guard       Army Reserve       Other Service

### What is your military rank/status or that of your spouse?

- Junior Enlisted       Senior Enlisted       Warrant Officer
- Company Grade Officer       Field Grade Officer       N/A

### Marital Status?

- Single       Married

### Family Status?

- Do you have children?**  
Yes       No

- Are you a single parent?**  
Yes       No

- Are you dual Military Parent?**  
Yes       No

### Where do you reside?

- Barracks/BOQ/BEQ       On-Post Housing       Off-Post Housing