



DISABLED AMERICAN VETERANS / DEPARTMENT OF MICHIGAN

**DISTRICT OFFICER'S REPORT
(PROBLEM AT CHAPTER)**

DISTRICT # _____
DISTRICT OFFICER NAME: _____

Date: _____ Chapter Number: _____

District Officer, How were you contacted and made aware of problem at chapter:

Describe Problem at Chapter:

What steps has chapter taken to solve problem?

As District Officer, what have you done to assist in solving problem?

Did State Commander or Department Headquarters become involved in helping with the problem? If Yes, Please explain.

Date Problem resolved: _____

Recommendations to chapter: _____

Were you required to attend chapter meeting? _____

If Yes, please list date you attended meeting: _____

Is follow up meeting required? _____

If Yes, please list date of meeting: _____

District Officer Signature: _____