



DISABLED AMERICAN VETERANS / DEPARTMENT OF MICHIGAN

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

DATE: _____ DISTRICT OFFICER NAME (print): _____

DISTRICT # _____ CHAPTER NO. & NAME: _____

District Officer, how were you contacted and made aware of problem at the Chapter?

Describe the problem(s) at the Chapter:

What steps has the chapter taken to solve the problem(s)?

Did State Commander or Department Headquarters become involved in helping with the problem(s)? YES NO If yes, please explain:

Date problem(s) resolved: _____

Recommendations to Chapter:

Were you required to attend a Chapter Meeting? YES NO

If yes, please list the date you attended meeting: _____

Is a follow-up meeting required? YES NO

If yes, please list date of meeting: _____

District Officer Signature: _____

Please scan document and email to: MIDAVHQ@DAVMICHIGAN.com

Or

Mail to: DAV Department of Michigan
16925 Masonic
PO Box 26031
Fraser, MI 48026